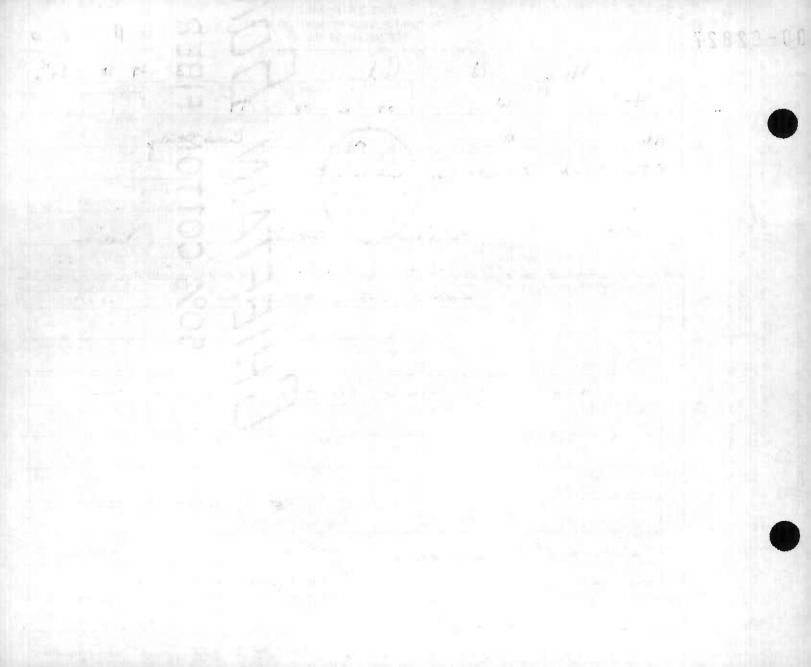
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	(Burial	3-2	9-86	Hamps	tead Ce	meterv	Hampst		Carro	11 Md.
16 60M 7/B4	24 FL	JNERAL DIRECTOR		AD	DRESS		250. DATE RE	CD. BY REGISTRAR	25b. REGISTRA	R'S SIGNATUI	RE
RA 15, 4)		Fline Fune	ral Home		pstead,	Md.	AP	RO 1986	1	wooden-19	indalli



		STATE OF MARYLAND		
FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENS 6 0 8	271
	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
		Armetta	March 28,	1986 1933PM
SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HRS
Male	white	4/22 /16	69 YRS	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED T	9 BALTIMORE CITY OR COUNTY	OF DEATH
	IICA		Carroll co	ounty MD.
	11. NAME OF HOSPITAL, NURSING AND THE NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR
	carroll	county hospita	never worked	
SUAL RESIDENCE (IF NURSING HOME O	NTY TISE CITY OR TOW	EADMISSION) //N 113d INSIDE CITY LIMITS?	113e STREET ADDRESS / ZIP CODE	
	11	VEC [] 110 [37	317 Kingston	n Circle 2178
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
Joseph	Armetta		Stefanina Muffol	Letto
	VE WAR OR DATES	Dykes	sville ADDRESS MD	21784
No	213-52	-9810 Miss Helen	Armetta 317 Kings	ston Cir.
18 CAUSE OF DEATH (Enter o	nly one couse per line for 101, (b , or		A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		iopulmonon	1 may	30 min
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Conditions, if ony, which	in Ame	e Connany	evert	
couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF . A	discon	
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	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 110
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NA	N	A-		ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		
00 500 100 100 100 100 100 00 00	ATH	AY YEAR		
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sow the decensed olive as	1 99 10		deoth occurred on the date and haur	
The SIGNATURE	of seew the body lifter death.	DEGREE	/	22c. DATE SIGNED 1
1	- Jul	ATTENDING	MEDICAL STAFF	3/18/16
124 PHYSICIAN'S NAME (114)	willed.	22e ADDRESS	DIRECTOR PHYSICIAN	1/20/05
SHAUTID	MATIO	1247 I	Liberty Rd. 2178	34
BURIAL, CREMATION, REMOVAL	. 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	NO CARLOS
Burial	4-1-86 Ga	rdens of Faith Cem	Overlea Balti	Lmore MD
FUNERAL DIRECTOR LOTING	Byers Funeral D	irectors, Inc. 250 DAT		
THE PARTY AND TH	DECEASED NAME TYPE OR PRINT) SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee CITY OR TOWN OF DEATH Westminster SUAL RESIDENCE (IF NURSING HOME O 30 STATE JOSEPH WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) IB CAUSE OF DEATH Enter o PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse foll, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OR CONTRIBUTING CAUSE OF DE (IF EITHER NOT WHILE AT WORK AT	DECEASED NAME DECEASED NAME DECEASED NAME DECEASED NAME FIRST DECEASED NAME FIRST MIDDLE SEX Male BIRTHPLACE (STATE ORFORE GN CONTRIBUTING TO THE STREET) Tennessee D. CITY OR TOWN OF DEATH Westminster SUAL RESIDENCE (IF NURSING HOME OR OT CATTOIL) FATHER'S NAME FIRST MD Carroll Sykesv Toarroll FATHER'S NAME (IF YES GNE WAR OR DATES) INDEED ARMODIE LAST JOSEPH Armetta WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES NO OR UNKNOWN) INDEED ARMEDIA LAST LAST WAS DECEASED EVER IN U. S. ARMED FORCES? (IF YES ONE WAR OR DATES) NO 18 CAUSE OF DEATH Enter only one couse per line folio), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse lost, stating the underlying couse lost, stating the underlying couse lost, (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190. DATE OF OPERATION 190. DATE OF HOST OF WHATE 190. DATE O	DEPARTMENT OF HEALTH AND MENTAL HYCE REGISTRAR PERCEASED NAME PROCEASED NAME PROCEASE NAME PROCEASED NAME PROC	DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE BECHASED NAME PROCESSED NAM

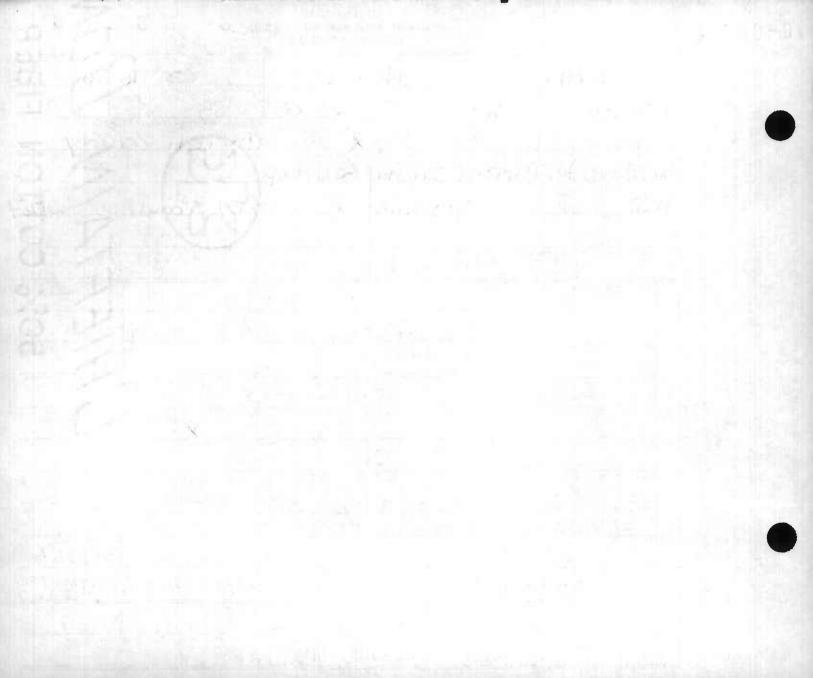
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24 FUNERAL DIRECTOR

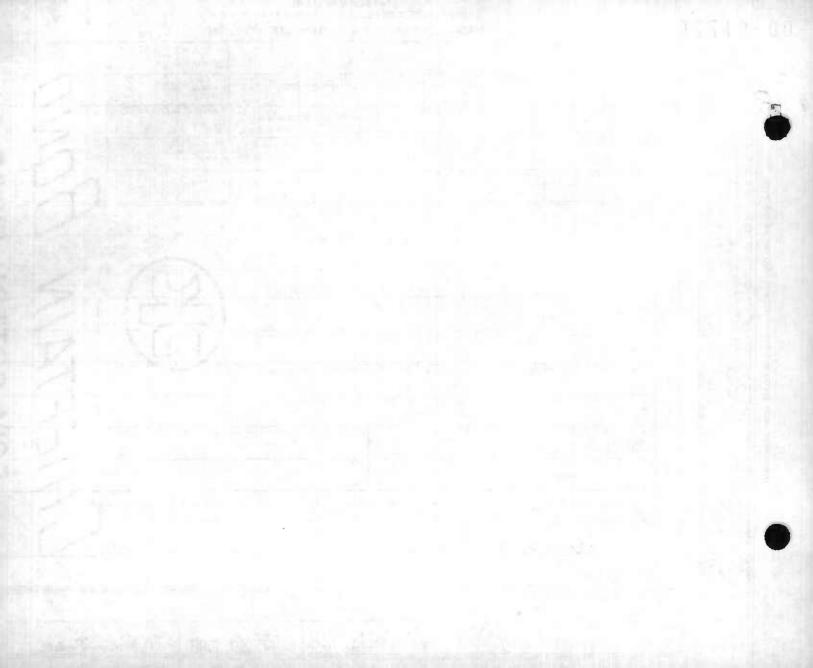
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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	TO MENDED EXAMPLER; HIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; BAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 P	23a BI	JRIAL, CREMAT	ION, REMOVAL 2	36 DATE	23c. N	IAME OF CEM	ETERY OR	CREMATORY	23d.	LOCATION			
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DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR HARTZIER

UNION BRIDGE, MD

HARSHEN

23b DATE

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

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006/W S.

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

HAN OVER

23d LOCATION

22c. DATE SIGNED

2b HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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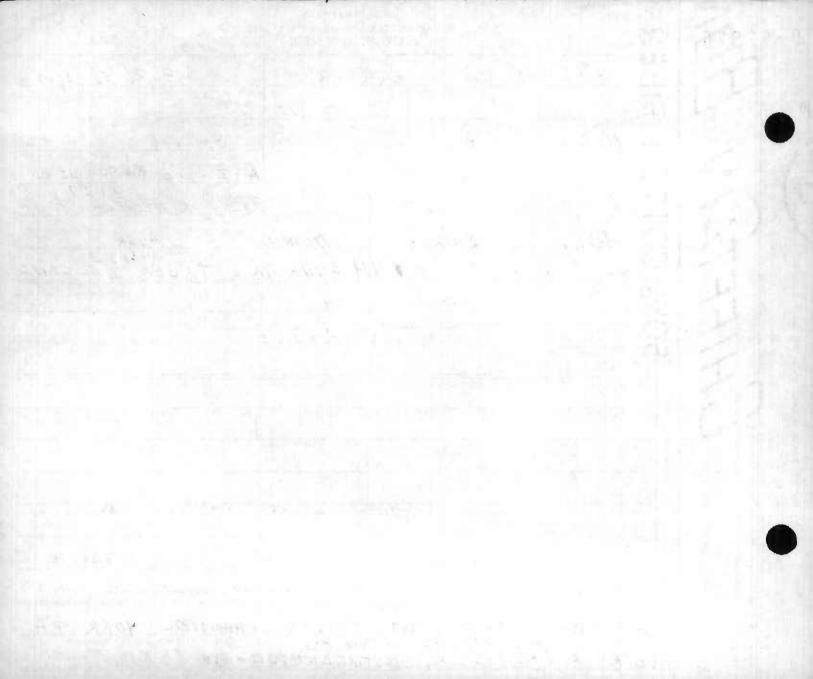
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IF UNDER 24 HRS

DAY

YES [

COUNTY



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	1. DE	REGISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. NO.	TH DAY YEAR	2b. HOUR
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ge 4 ma ector, po urs ofter c	3. SE	×F	4. RACE	S. DATE (YRS. DAYS	
neral din no 72 hou	7a. B	RTHPLACE ISTATE OR FOREIGN OUNTRY) ARYLANDS	USA	T COUNTRY? 8. MARRIE WIDOW				MD
by the fulled with	10. C	Linwood		PITAL, NURSING HOME (ILITY, GIVE STREET ADDRESS) RRLF QUAR	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEKEEPE	KING LIFE) INDUSTRY	
212 hounding hound in	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1250 Mark/	11	66.4
MARYLAND red within 24 completely filler and 2 should extensive m	14 F/	THER'S NAME FIRST FIRST	MIDDLE	BROOKS	15. MOTHER'S MAIDEN N FIRST GERTRUD	AME		AST A
BALTIMORE, no be executed to and corporate Popes worl. The medical fit the medical fit, the medical fit.		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF YES, GI UN Known)	ARMED FORCES? 16b.	SOCIAL SECURITY NO. 77-16-367	17. INFORMANT Daryktoc	E ADDRESS Evelyn He	swert s	Semo HOORES
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S, 301 W. PRESTON ST ires that the application gned by the attraction in please remain on the buriol, cremation, ar ren ry, or other traumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS	A CONSEQUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	I(a)
NG PHYSICIAN: The low requires the attending physicion. Iter this certificate has been signed by the bond Mental Hygiene prior to buriol hand Mental Hygiene prior to buriol wred or frem 18 shows ony injury, are	CERTIFICATION	Metral :	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	IN C	. IF YES, WERE FIND CERTIFYING CAUSE	S OF DEATH?
N OF VITA SICIAN: Th ng physicio certificate by vial-transit ental Hygie frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M.	URY MONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INJURY IN IT	YES EM 18, PART 1 OR PART 2)	NO [
DING PHYSI or attending After this ce te as the buri oith and Mer	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF IN		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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OR he ho		226. SIGNATURE	Soll for	ne	DEGREE	MEDICAL STAFF	th DAI	SIGNED
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TO retoil	23o. E	URIAL, CREMATION, REMOVA	23b. DATE MAR 22.1	231. NAME OF C	EMETERY OR CREMATORY JOY	23d LOCATION CITY OF TOWN	COUNTY	m State
DHMH-16 60M 1/73 (VR A 15 (4))	74 6	A Hartler	Union	AUDRISS AMO		TE REC'D. BY REGISTRAR 25b R		TURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - SPATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINTI EsTie 86 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS I. SEX DATE OF BIRTH MONTH YEAR 1896 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? ESTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF USINESS OR MORK FOR MOST OF WORKING LIFE) INDUSTRY surem USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 1136 COUNTY 1137 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE INSIDE PITY LIMITS? 3290 Gurin 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Alice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN I IN YES, GIVE WAR OR DATES (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO. OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RPLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOT YES NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceosed alive on March 2 To obove (1) we) (did (did not) view the body ofter death my (our) opinion death occurred on the date and hour and from the causes stated and that in 22h SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ISYPE OF PRIN 22e ADDRESS Man 23a. BURIAL, CREMATION, REMOVAL 23h. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 3-31-86 Leister's Cemetery Westminster Carroll 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - Mary - Marketon DHMH - 16 50M 4/83 APR 0 / 1986 (VRA 15, 4) Funeral Home, Hampstead.

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STATE OF MARYLAND

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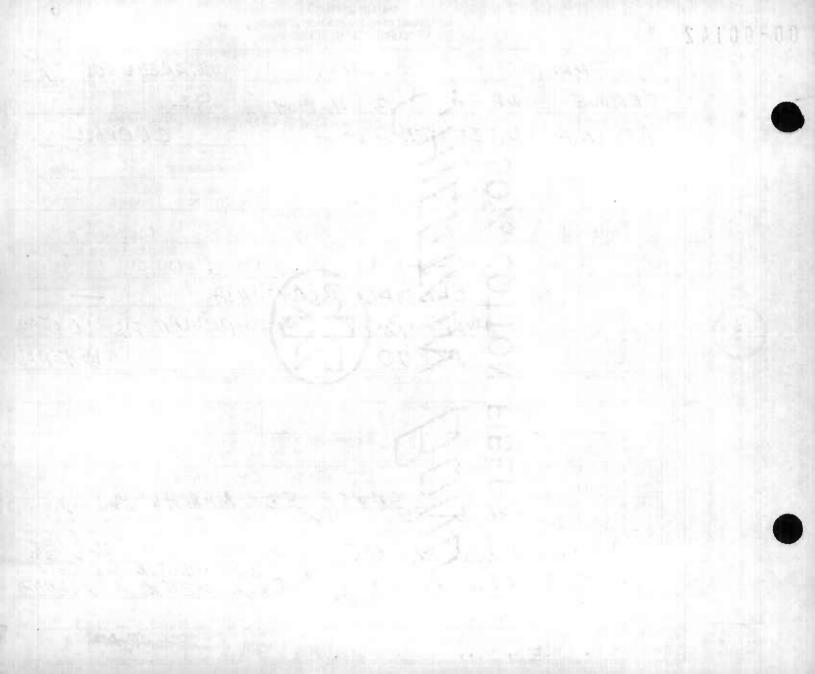
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ay be oge 3 deoth	(TYP)		THA	MIDDLE	COLLING	2	20. DATE OF DEATH	ARCH6	1986 7 A M
oge 4 ma rector. po	3. SE	FEMALE	4 RACE WH	ITE	5. DATE OF BIRTH	1 1484	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	RIYEAR IFUNDER 24 HRS DAYS HOURS MIN.
deoth. Po		IRTHPLACE ISTATE OR FOREIGN COUNTRY) VIRE INTA	VNIT		MARRIED NEV	DIVORCED [9 BALTIMORE CITY C	CAR	ROCL MD.
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complete		LOUIS WAS DECEASED EVER IN U.S. AI	MIDDLE	GIDSO	n	er's maiden na/	MIDDLE		nown)
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RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Figure that the state of the sta	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O	HSC	TENSIVE		DISTASCUL		10 YEARS 15 YEARS
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ρ	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Urial		1	NAME OF CEMETERY C		23d LOCATION CITY OR TOWN Westmins	EL M	y STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR 41	Washi	notapB		25a DATE	REC'D. BY REGISTRAP		TURE



DHMH - 16 60M 7/84 (VRA 15, 4)

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ampsTead 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

CEPTIFICATE OF DEATH

	REGISTRAR			CERTII	ICAIL OF D	EATH	REG. N	0.		
	ECEASED NAME FIRST		MIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(11)	PE OR PRINTS ROW.	AN	F	E	RB		March	2	28_1986	846 A
3. SE		4 RACE		5. DATE C			& AGE (IN YEARS LAST BIR	THDAY}	IF UNDER 1 YEAR	
	MAIE	Caucas	ian	MONTH	23	94	91	YRS.	MONTHS DAYS	HOURS MI
	BIRTHPLACE ASTATE OF FOREIGN		WHAT COUNTRY?	8.	D NEVER M	ADDIED []	9 BALTIMORE CITY	R COUNT	Y OF DEATH	1000
	yland		d States	WIDOWE	DIN DIV	ORCED [CARROIT	Com	nTY,	^
	LITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESSI	OR OTHER INST	CARE	170 USUAL OCCUPAT			OF BUSINESS C
USU	JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONE	Mealth	CENTER	SLCTLYARY	TRIAS	Illaui	ance
		CROIL	WESTMIN		13d INSIDE CI	NO 💢		ZIP COD	. / 4	1157
4 F	EATHER'S NAME FIRST E.	MIDDLE	ERB		15. MOTHER'S	MAIDEN NAM IRST LTHERIT	-ALDDEF		Fowles	ST C
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17_INFORMAN		ADDR	ESS		
	No	IVE WAR OR DATES!	215-10-	1495	Earl R	. Wilh:	ide Same a	s # 1	13e. (Ne	ephew)
	18 CAUSE OF DEATH (Enter of	inly ane cause py	line fai (a), (b), and	dic .					BETWEEN	ONSET AND DEAT
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	ARCIN	1 smo	· of	FRI. C	o lon		1	985
		DUE TO O	R AS A CONSEQUE	NCE OF						
	Conditions, if any, which	(ib)							-11-2-05	
	gave rise to immediate cause (a), stating the	3				-17 (4.1)				
	underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF						
	DART 2 GIHER CICAREC AND	CONDITIONS C	ON TRIBUTING TO S	EATL BUT	NOT DEL LYCO	TO THE TEST	NAL DISEASE OF CO.	DITIO	VE1.1015.55	
NO	PART 2 OTHER SIGNIFICANT	. 1	Ple, n.	2005	NOT KELATED	IO INE TERMI	NAL DISEASE OR CON	DIFION GI	VEN IN PART 1	a
CATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		S, WERE FIND	
IFIC	8/85	C	colo.	1	mest	e la	YES NO NO	IN CERT	IFYING CAUSES	
CERTIF	210. ACCIDENT WAS UNDERLYING	7 216. TIME C	F INJURY	0-	1 1	URY OCCURR				NO []
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR		JAT OCCORR	LEWIER MATURE OF INJU	W. HATIEW IR	FARITUREARTZ)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211 10001710	No.				
MEC	WHIE NOT WHIE	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM. ETC)	211 LOCATIO	N	CITY OR TO	IWN	COUNTY	STATE
	AT WORK AT WORK						4			
	22a L certify that (I) (this hosp saw the deceased alive a	oital) attended th	e deceased fram_			. 19 <u>85</u>	to	. 4		that (I) (we) la
		ot) view the body		. 01	nd that in (my) i	apınıan d	eath accurred on the d	ate and ho	ur and fram the	causes stated
	286 SIGNATURE	/)		DEGREE				22c DATE	SIGNED
	15/	0.1	-1-	MAN	A1	TENDING W	MEDICAL STA	FF	3	10/41
		VLA-6		, , ,	22e ADDRESS	TOTOLAIN A	U.MECTOR [] TITISIC			100
	22d. PHY JAN'S NAME (TYPE	OR PRINT)			THE AUUNTS					•
	27d. PHY ANSNAME (TYPE	OFFE	mp		1041	1 Ma	in St. Um	10-1	Suida	ema2
	JA, CAPIC BURIAL, CREMATION, REMOVA	0 FE	23c. N		104A		in St. Un	sion	Suida	ema2
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	0 FE 1 236 DATE Mar. 3	1,1986 Woo	odsid	104N EMETERY OR CI		23d LOCATION CITY OR TOWN Brinklow	Mont	Suida county gomery	Marylan
24 F	BURIAL CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR Rober NAME	o Fe Mar. 3	1,1986 Woo	odsid neral	ID4N EMETERY OR CO e Cemet Homes	ery	Brinklow REC'D. BY REGISTRAR	25h REGIS	gomery	TURE
24 F	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	o Fe Mar. 3	1,1986 Woo	odsid neral	ID4N EMETERY OR CO e Cemet Homes	ery	Brinklow	25h REGIS	gomery	TURE

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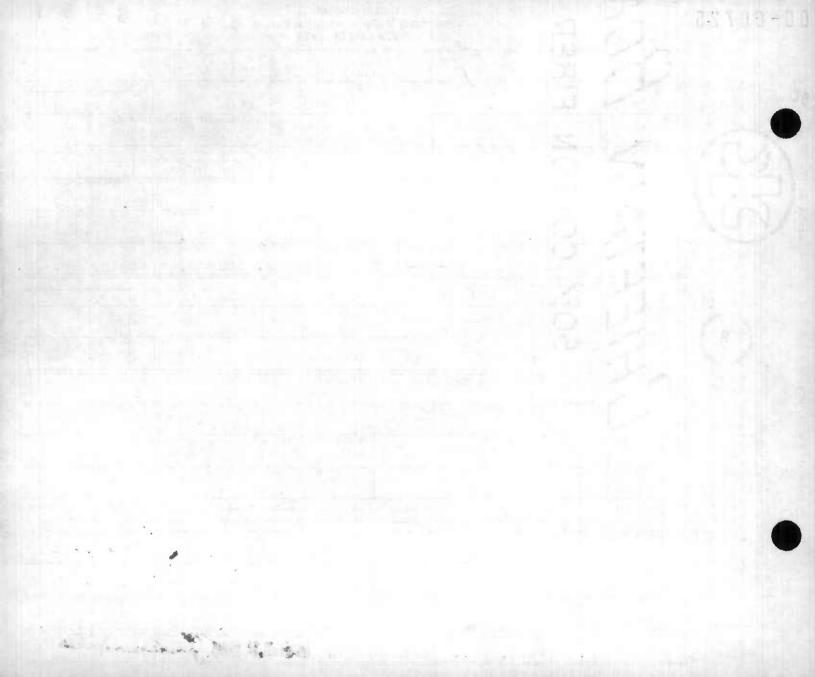
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00725	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 0 8 2 9 1
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR
ay be age 3 death	mudele	eine W. German	much 9, 1986 102/5
Poor poor	3 SEX	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
ge 4	Female	Cauc. Monin 12 01	84 YRS
nerol dire	Pa BIRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH Carroll County
ofter de	10 CITY OR TOWN OF DEATH Westminster	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County General	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Teacher Teaching
filled in bours	USUAL RESIDENCE (IF NURSING HOME COLI 130. STATE 13b COU	or other institution give residence before admission) UNITY 134. CITY OR TOWN 134 INSIDE CITY LIMITS? Arroll Westminsteryes NO	13e-STREET ADDRESS / ZIP CODE 245 W. Main St. 21157
mpletely and 2 sh	14 FATHER'S NAME FIRST William	M. Geiman Is MOTHER'S MAIDEN NA FREST Elizabe	MIDDLE (AST
and car	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS P. Geiman, Westminster,
r requires that the death certificate signed by the arrestic collection to the plant arrestic collection of the plant arrestic collection of the plant arrestic collection.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVEN IN PART 100 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
in. In. Perm Perm Proper Prope Proper Proper Proper Proper Proper Proper Proper Proper Prope	ING. DATE OF OPERATION	THE CONDITION TOR WHICH OF EXAMEN WASTERNOWNED	IN CERTIFYING CAUSES OF DEATH?
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Afre as	22a.1 certify that (I) (this has	pital) ottended the deceased from Felt 27 19 BC	to March 7 19 86, that (I) (we) a death accurred an the date and have and from the causes stated
HOSPITAL OR ATTEND sined by the hospital of FUNERAL DIRECTOR: build be detoched for use in the Store Dept. of Hee PORTANT: If them 21 is not a sine and the store Dept. of Hee PORTANT: If them 21 is not a sine and the store Dept. of Hee PORTANT: If them 21 is not a sine and the store Dept. of Hee PORTANT: If them 21 is not a sine and the store and the	sow the deceased alive a abave, (I) (we) (did) (did) (did) (22b. SIGNATURE 22d. PAYSICIAN'S NAME (114PE	Jack view the bady after death. DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 3/9/86 Watmanster and 21157
the Det	Obove, (I) (we) (did) (did) 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	DEGREE ATTENDING PHYSICIAN S- HARSHEY MO ROWN	MEDICAL STAFF 3/9/86

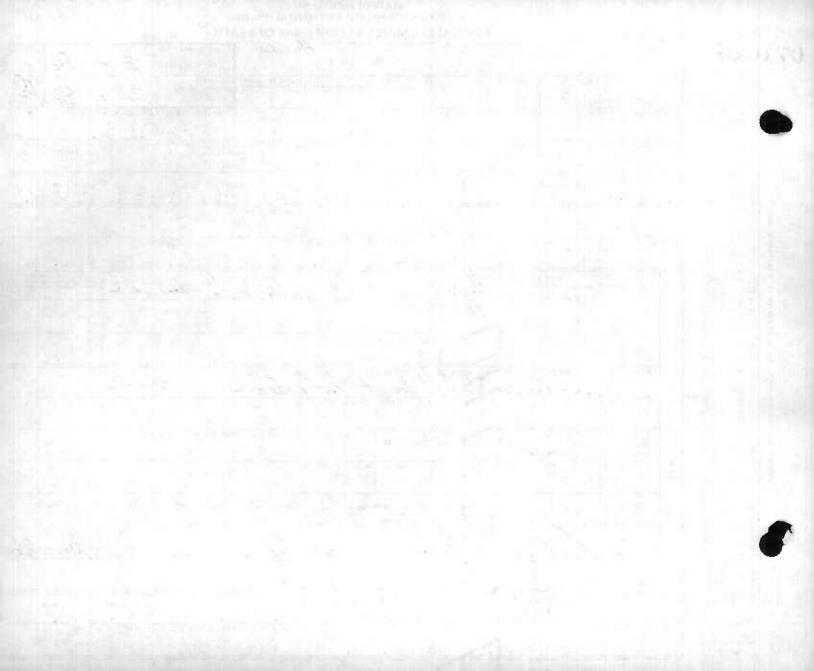


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME HOUSON 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-S FOR YOUR FILES.

5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET. DOL ORES FLIZABETH HANSON DEATH MATED 4 RACE 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. SE UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS DAYS HOURS PRONOUNCED 2 30 White 5 GRS DEAD Female 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED [DIVORCED Carroll O, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! HWF Man chester Millers Station USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Station Rd NO K la rylan d Carroll Man chester YES | 391 3 Millers 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE Klimas Frank Poska Anna MAS DECEASED EVER IN U.S. ARMED FORCES THE SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION VITH FO (YES, NO, OR UNKNOWN) 218-26-3764 Mr. Wallis Hanson Man chester. Md. 18 CAUSE OF DEATH (Enter only one couse per light or (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, WAS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINE SCALE LANT CONDITIONS CONSTRUCTING TO BEATH BUS HIGH RELATED TO THE THIN ALD DISEASE OR CONDITION OF EN IN PART 1 (c) ALTH A CERTIFICATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES [] NO [TWENT C 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY HAT HOME 21f. LOCATION 21d INJURY OCCURRED WARDED STREET FACTORY FARM STC STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection 228. I certify that I took charge of the remains describe in the relidion Autopsy Inquiry X and in my opinion death resulted fram: Suicide Pomicide Undetermined manner ACTUAL FUNERAL DE TER DE ATH, LTIMORE, MA Well. EXAMINER'S NAME PAGE TO FU AFTER BALTE (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION THE NAME OF CEMETERY OR CREMATORY S COUNTY STATE 3-8-86 Dulaney Valley Mem. Burial BP. Mimon ium Bal to 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Davidson-Randall (VR A15 ME (5)) Eline Funeral Home, Hampstead, 15M 7/77



1-01734	1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	8 2	7 4
deorgh deorgh		CEASED NAME FIRST Eliz	abeth	W. Har	LAST	March 3		26 HOUR
moy	3. SEX	x Female	White		ATE OF BIRTH MONTH DAY MONTH TEAR 11,1892	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS	IF UNDER 1 YEAR MONTHS DAYS	HOURS MI
1 135		RTHPLACE (STATE ORFOREIGN Maryland	U.S.	A. WID	ARRIED NEVER MARRIED DOWED DIVORCED	Carroll Cou	nty	
1 1100	W	estminster	26 K	emper Ave		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEVILLE	126 KIND OF INDUSTRY	BUSINESS
1135	13a. S		OR OTHER INSTITUTION, OUNTY	GIVE RESIDENCE BEFORE ADMISS 13c CITY OR TOWN Westminst	HISTORY OF THE STATE OF THE STA	13e.STREET ADDRESS / ZIP CO 26 Kemper A		57
1060		ATHER'S NAME FIRST Michael		Weiss	15. MOTHER'S MAIDEN NA. FIRST Maria	WIDDLE	Schli	
Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	1975 W 40 OO D 4 1551	217-36-49	NO. 17 INFORMANT 262 Marie E. N	26 Rem		Md.
quires that the attention is signed by the attention here please remoins to burial, are acceptively, or other trauma	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR (c)	AS A CONSEQUENCE		LINAL DISEASE OR CONDITION (GIVEN IN PART 110	
ne law rec nn. has been permit. T per prior i	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	RATION WAS PERFORMED	Las autopsys Last Is	YES, WERE FINDING	GS LISED
	E						YES	
HYSICIAN, Thanding physicial his certificate buriol-transit y mental Hygie or frem.18 she		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF COMERCINE MEDICAL EXAMINATION OF THE CONTRIBUTION OF	HOUR A.A. P.A. 21e. PLACE C	A. MONTH DAY Y A. DFINJURY	19 21f. LOCATION	YES NOT IN CER	RTIFYING CAUSES (OF DEATH?
the hospital or attending plants has posted or attending plants of the hospital or attending plants of the hospital of the hospital or attending the posted or attending the posted or the hospital or attending the hospital or a	MEDICAL CERTI	OR CONTRIBUTING CAUSE OF C	HOUR A.A. P.A. 21e. PLACE C (AT HOME, SIRE	A. MONTH DAY Y A. DE INJURY LET, FACTORY, OFFICE, FARM, ET deceosed from office death.	YEAR 19 21f. LOCATION STREET and that in my (our) opinion DEGREE	YES NOW IN CER RED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN 10 3 5 000 death accurred an the date and h	COUNTY 19 COUNTY 19 22. DATE S	STATE STATE STATE OUT STATE STAT
ATENDING PHYSICIA aspiral or attending place or attending place of the relation of for use as the burial to at Health and Mental m 21 is marked at them.	MEDICAL	OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) this has sow the deceased glave above. (1) well (did (did 27b. SIGNA) TURE	PATH HOUR A.M. P.A. 21e. PLACE C (AT HOME, STRE Dital) attended the 37h OR PRINT; (AS LELL.	A. MONTH DAY Y A. A. DEFINJURY SEEL, FACTORY, OFFICE, FARM, ET deceosed from 19 35ter deoth.	211. LOCATION STREET 211. LOCATION STREET And that in my (our) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS	YES NOT IN CER YES NOTICE OF INJURY IN 11EM I	COUNTY 19 SC 14 Address of the county of t	STATE ST

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ALE CHARLES THE COURSE SET 13.

CERTIFICATION

MEDICAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) essis 05 3 SEX RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? Za_BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IND OF BUSINESS OR

ORK FOR MOST OF WORKING LIFE USUAL RESIDENCE 13d INSIDE 13e.STREET_ADDRESS YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME SULLIVAN 160 WAS DECEASED FOR IN U.S. ARMED FORCES?

(YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 17 INFORMANT

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE

march 9 10 56 220.1 certify that (1) (this hospital) attended the deceased from march 9 sow the deceased olive on. , and that in (my) (our) opinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death

226. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

THE MAME OF CEMETERY OR CREMATORY

230. BURIAL CREMATION, REMOVAL 236 DATE DATE REC D. BY REGISTWARI 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

OF TOTAL May Hard Total Forth White Marker 1813 98 - -MIT THE SHARE CANALY Westernam Carrell County thought Misse She Hope The come I super to the Trough Alde. But the and training the thing that Frank I I will be the high was him to the same to the

FOR STATE

070026

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO)
1 DECEASED NAME FIRST Walte.	n R.	Harris	20. DATE OF DEATH	
sex	4 RACE white	5. DATE OF BIRTH Dec. 4, 1405	6 AGE (IN YEARS LAST BIRTI	
BIRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	- $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $	COUNTY OF DEATH
Westminsten	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Carroll Co.	SING HOME OR OTHER INSTITUTION EET ADDRESS) Hospt.	120 USUAL OCCUPATION AND STORE RELINED G	
STATE Md. Bal		enstoures Not		zip code worth Ave. 21136
FATHER'S NAME John	MIDDLE Harris	Augusta	MIDDLE	Long
(IF YES, GIV		curity no 17 informant 5-5226 Jean H. I	ADDRES Imm Reister	
PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), on BY TE CAUSE (a)	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEO	osclartic Hant Dre		DITION GIVEN IN PART 110
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	URRED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
220. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (and no 22b. SIGNATURE	Harshey in	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	te and hour and from the causes stated 720. DATE SIGNED FIAN 3/5/96
23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 236	NAME OF CEMETERY OR CREMATORY LL Saints	Y 23d LOCATION	stown Balto. Må.

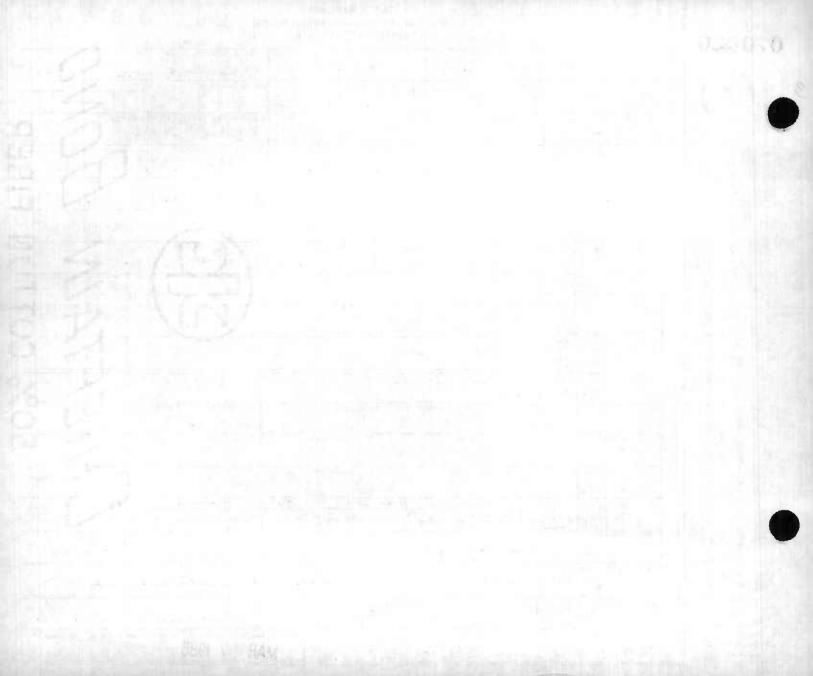
DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

should be detoched for use with the State Dept. of Hea

Eline Funeral Home REisterstown,

Reisterstown Balto. Md.

MAR 7 1988



STATE OF MARYLAND

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00-01831	1.	FOR STATE REGISTRAR			DEPA	ARTMENT OF I	EALTH AND MENT.		HE 8 6	D.	08	2 4 1
16		EASED NAME	FIRST		MIDDLE		LAST	24	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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a bos	3 SE)			4 RACE		5. DATE (AGE (IN YEARS LAST BIR		IF UNDER : YEAR	IF UNDER 24 HRS
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P 31/2/		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	ON 12	a USUAL OCCUPATI	ON	126 KIND	OF BUSINESS OR
10 13 13 14 14	Мо	unt Airy		Pleasar	it View	Nursing	g Home	(,	Homemake:			Home
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RE, P		AS DECEASED EVER			-	ECURITY NO.	13 BUTORILLAND		ADDRE	SS T		
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bers.		18 CAUSE OF DEAT	H (Enter an	y one couse pe			Toodic	-4-1	1102 / 110	10		XIMÁTÉ INTERVAL LONSET AND DEATH
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ho by the o		gove rise to imm cause (a), statin underlying cause	nediate g the	the DUE TO, OR AS A CONSEQUENCE OF / A							41	umtes
RDS, 20 aquires 1 Then ple to burst injury, p	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ATCL	TO DEATH BUT	NOT RELATED TO THE	HE TERMINA ONCU	AL DISEASE OR CON	OCCA	VEN IN PART 1	10
DIVISION OF VITAL RECOIDINGS OF PRESCRICAN. The low-ra-offending physicion. Itse that conficure has been as the burnel frames prescribed Medical Hygiere price or feed of them 18 shows cony	IFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?		S, WERE FINDS	
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50 2213		URIAL, CREMATION,	REMOVAL	23b. DATE A	nri1	23¢ NAME OF	EMETERY OR CREMA	ATORY	23d LOCATION		2000	STATE
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DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR R	obert	A. Pum	phrey	uneral	Homes PA	250 DATE R	CD. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE
(VRA 15, 4)	300	West Mon	tgome	ry Aven	ue Rock	ville,M	laryland	MAL	3 1 1986		undoon-A	anglatic

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAS1 MONTH 2a. DATE OF DEATH 7h HOUR . DECEASED NAME LITYPE OR PRINTS -31-86 ROLAND STEWART HINER IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH CAUC. MALE 25 15 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) CARROLL COUNTY MD. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE: Bus transp. 1332 Hughes Shop us driver Westminster Road USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 21157 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD. Carroll Westminster 1332 Hughes Shop Rd. 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE FIRST Rov Hiner Humbert Mamie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT HEYES, GIVE WAR OR DATES! Larry Sipes. 1424 High St. 219-14-8894 Westminste no 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 190 DATE OF OPERATION

IN CERTIFYING CAUSES OF DEATH? NO YES [71h TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET EACTORY OFFICE FARM, ETC.) NOT WHILE 22a L certify that (1) (this haspital) attended the deceased from

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING

731 NAME OF CEMETERY OR CREMATORY

Burial 4/2/86 Pleasant Valley

24 FUNERAL DIRECTOR 412 Washington Road Robert K. Pritts, Sr., Westminster, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

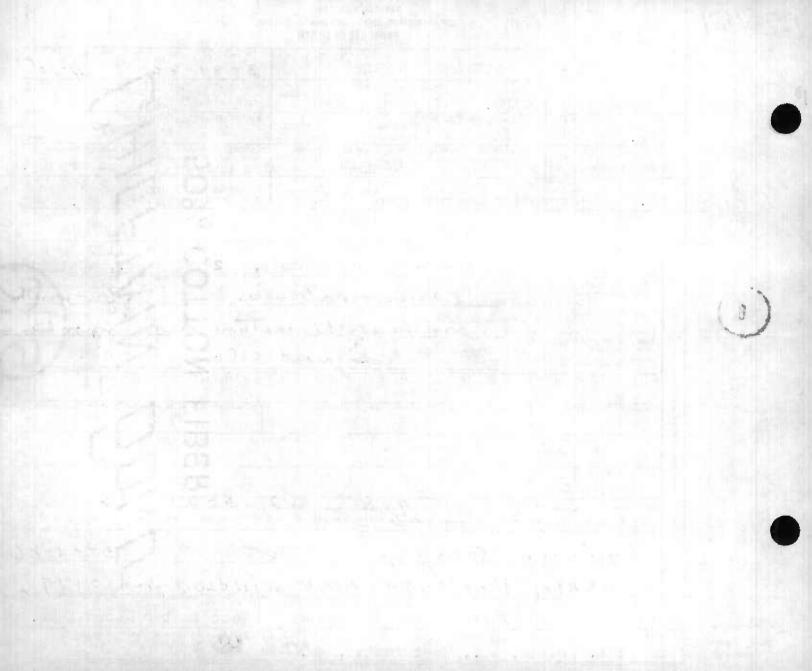
Westminster Carroll MD.

PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MEDICAL



STATE OF MARYLAND

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STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

11.	FOR	DEPAR	MENT OF HEA		IENE 8 6 0	0 8 3 0 0					
	REGISTRAR			ATE OF DEATH	REG. NO.						
		WIOOFE	LAST		20 DATE OF DEATH MONTH DA	AY YEAR 76 HOUR					
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		b. CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
	Virginia	USA			(arral)	MD.					
10 C	ITY OR TOWN OF DEATH			OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR					
W	estminske, Md	(amilland	to bere	pot toxital	Insurance/Rea	Estate					
USU. 13a S	AL RESIDENCE (IF NURSING HOME OR C	TY 134 CITY OR TO	PRE ADMISSION)	A INSTRECTIVITATES	124 STREET ADDRESS / 7IR CODE						
1	nd. Cas	odl Desta			550 Washing to	n Rd. 21157					
14. FA		ADDIE 1457									
	Charles	M. Fran	k	Emma	Neal	Chrisman					
			URITY NO. 1	7 INFORMANT	ADDRESS						
1		a 219-10	0-6805	Edgar Ho	nig 13e						
	18 CAUSE OF DEATH (Enter only	y one cause per line far (a), (b), a	nd (c)	FE MENTE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED	BY.		Y FAILU	RE	HOURS					
			IENCE OF	/							
	Conditions, if ony, which			INFARCTI	ON	6 WEEKS					
	gave rise to immediate cause (a), stating the	DUE TO OR AS A CONSEQU	UENCE OF								
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z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART Ira					
ATIO	19a DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED					
IFI						ING CAUSES OF DEATH?					
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	-	173	DAY YEAR								
DIC	21d INJURY OCCURRED	21e PLACE OF INJURY	7								
M.	WHILE NOT WHILE	(AT HOME STREET FACTORY, OFFICE	FARM, ETC }	STREET	CITY OR TOWN	COUNTY STATE					
		al) attended the deceased fram		19.64	10 3/27-1	986 that (I) (we) last					
	saw the deceased alive an_	3/22 19	011	that in (my) (our) opinian d	leath occurred an the date and haur						
	276 SIGMATURE	view the body after death	DE	GREE		22¢ DATE SIGNED					
	Lucent (Delien.	an	ATTENDING PHYSICIAN I	MEDICAL STAFF	13/22/8/					
-		plan	1 1		, Director El Tittoleia I	3,20,06					
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION						
230 E	BURIAL, CREMATION, REMOVAL			ETERY OR CREMATORY S Cemetery	CITY OF TOWN	county STATE rederick MD					
B	SURIAL, CREMATION, REMOVAL SPECIFY) all	3/25/86 F		s Cemetery		rederick MD.					
	1. DE: (TYPE 3. SE. 70. BI) 10 C USU 130. S 114 FA	TO STATE REGISTRAR 1. DECEASED NAME FIRST (TYPE OF PRINT) 3. SEX 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIT PINIA 10. CITY OR TOWN OF DEATH USUAL RESIDENCE IF NURSING HOME OR OR OR STATE 13. STATE USUAL RESIDENCE IF NURSING HOME OR OR OR OR OR UNKNOWN) 14. FATHER'S NAME (YES, NO OR UNKNOWN) 18. CAUSE OF DEATH IENTER OR PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause 1a), stoting the Underlying cause last. PART 2. OTHER SIGNIFICANT COUNTRY OR CONTRIBUTING CAUSE OF DEAT (IP ETHER NOTIFY MEDICAL EXAMINER) 270. I CERTIFY that (IP) (This hospital saw the deceased alive an abave. (II) (we) (did) (did nat) 270. SIGNATURE	1. DECEASED NAME FIRST MIDOLE 10. BIRTHPLACE (STATE OF FOREIGN TO COUNTRY) 11. NAME OF HOSPITAL, NURS 11. NAME OF HOSPITAL, NURS 12. CITY OR TOWN OF DEATH TO IN SUCH FACILITY, GIVE STREEL 13. STATE TO STAT	DEPARTMENT OF HEA CERTIFIC 1. DECEASED NAME (THE OF PRINT) 1. SEX 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION, SIVE RESIDENCE BEFORE AND SON) 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION, SIVE RESIDENCE BEFORE AND SON) 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION, SIVE RESIDENCE BEFORE AND SON) 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION, SIVE RESIDENCE BEFORE AND SON) 1. DECEASED NAME (THE OF PRINT) 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION, SIVE RESIDENCE BEFORE AND SON) 1. DECEASED NAME (THE OF PRINT) 1. NAME OF HOSPITAL, NURSING HOME OR OF THE RISSITUTION OF THE PRINTS OF THE P	DEPARTMENT OF HEALTH AND MENTAL HYG STATE REGISTRAR 1. DECEASED NAME PROST P	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRA I. DECEASED NAME I. DATE OF BIRTH I. DATE OF BIRTH II. DATE OF BIRTH III. DATE OF BI					

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try be m		NO		20-46-5418	Mr. MAlc	colm Armacost,	
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the er tr		gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF	4	a River	re ?
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20 se t es t ple urio	17	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1:0
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Iow requires to be a sign of the control of the con	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
	표					YES NOT	ERTIFYING CAUSES OF DEATH?
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A OF VITA		OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR		(2000)	,
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PHY tendi the bu	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF I	FACTORY, OFFICE, FARM ETC	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL NG PHYSICIAN: The offer this certificate h os the buriol-tronsit th and Mental Hygier orked & Item A8 she orked & Item A8 she		AT WORK AT WORK					
NON LONG		22a I certify that (1) this hosp	oital) attended the de		196	S. 10 March 3	19 6 , that (1) we) lost
ATTR of for of the state of the		sow the deceased alive o above, (1) we) (did)(did n	at) view the body after	19 <u>8 0</u> , c	and that in (my) (our) ap	inion death occurred on the date on	d hour and from the causes stated
A ATT hasping ECT in the form of them 2 them 2		226. SIGNATURE	1	1 40	DEGREE	,	22c. DATE SIGNED
the Dorter of th		UN	nour	MI	ATTENDII PHYSICI	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN [1 3/3/186
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20		SPECIFY)				CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4/83	24 FI	UNERAL DIRECTOR		ADDRESS .	250	DATE REC'D. BY REGISTRAR 256, RI	
(VRA 15, 4)	18	lines	Hams	stead.	MED.	3300	- men temos and fine harding

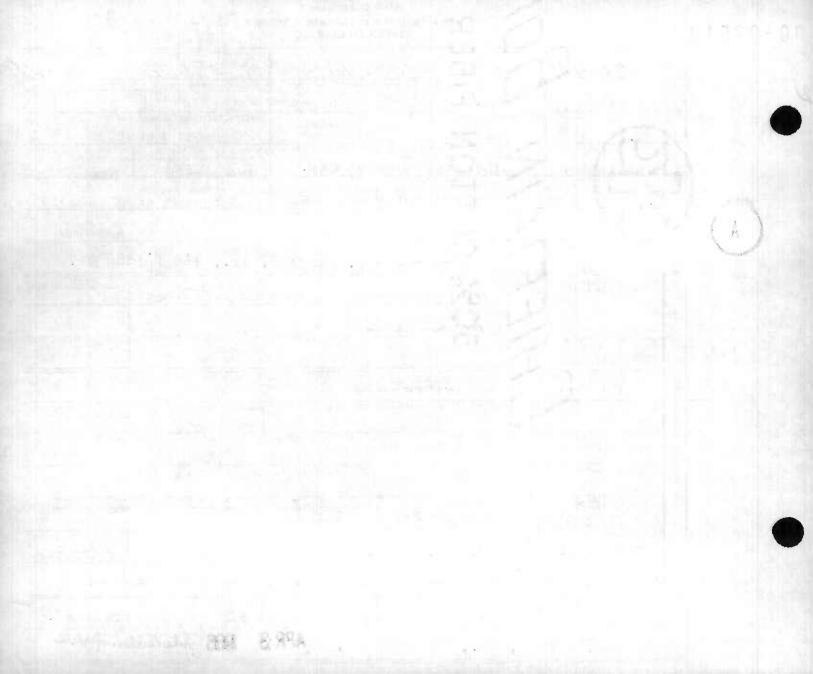
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

	FOR STATE REGIST	RAR			DEPARTI		ICATE OF	MENTAL HYG DEATH		6 EG, NO.	0 8	5 U	4
	DECEASED I	HW!	VA	LaR	ue -	Jex	IKIN	15	3 DATE OF DEA	8/86	DAY YEAR	26. HOU	R : Kw
3	. SEX			4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	# HOURS	24 HRS
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1	OUNTRY)	E (STATEORI	FOREIGN	LISA	WHAT COUNTRY?	MARRIE		MARRIED	9 BALTIMORE C	oll Co			MD.
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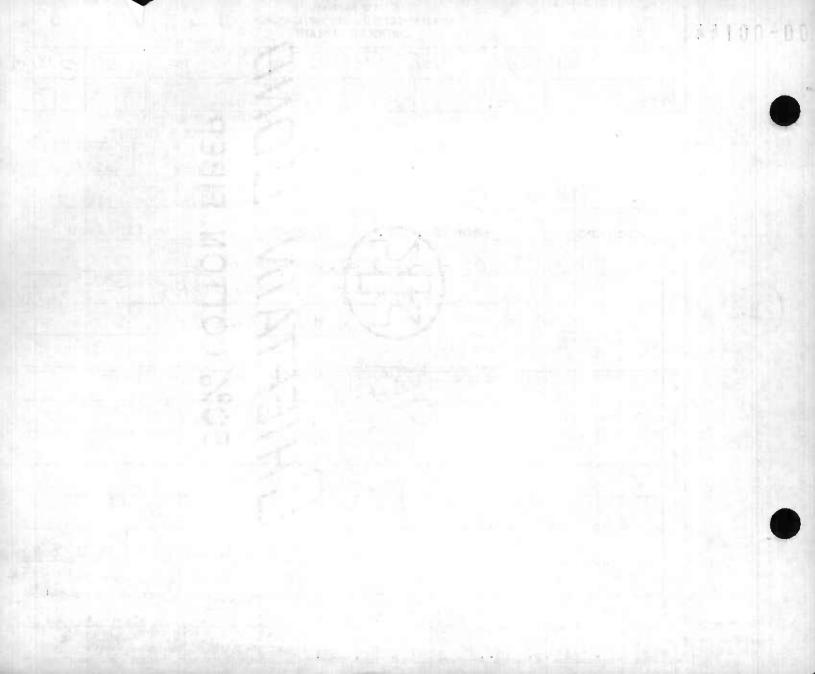
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K.Pritts. Sr., Westminster.

(VRA 15, 4)



				STATE OF MARYLAND	0 4	00103
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ge 4		EMALE	White	9 02 04	81 2 YR	
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\$ 00 S		IARYLAND	U.S.	WIDOWED DIVORCED	CARROLL	MD.
5 9 A	10 CI	TY OR YOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION	126 KIND OF BUSINESS OR
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W. PRESTON ST the deoth cert by the ottern from se remove cremotion cremotion attention			DUE TO, OR AS A CONSEQ	DENCE OF TO D. T	n 0+4	10
deoth offern		Conditions, if any, which gave rise to immediate	(b)	shruurs	+ wherecalor	1090
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es thou		underlying couse lost.	(c)			
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ON OF HYSICIA ding pl iis certif buriol-i Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	211 LOCATION		
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R ATT hospined for tem 2		22h SIGNATURE	t) view the body after death.	DEGREE		22c. DAJE SIGNED
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of of of ₹	23o. E	URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	2111/2
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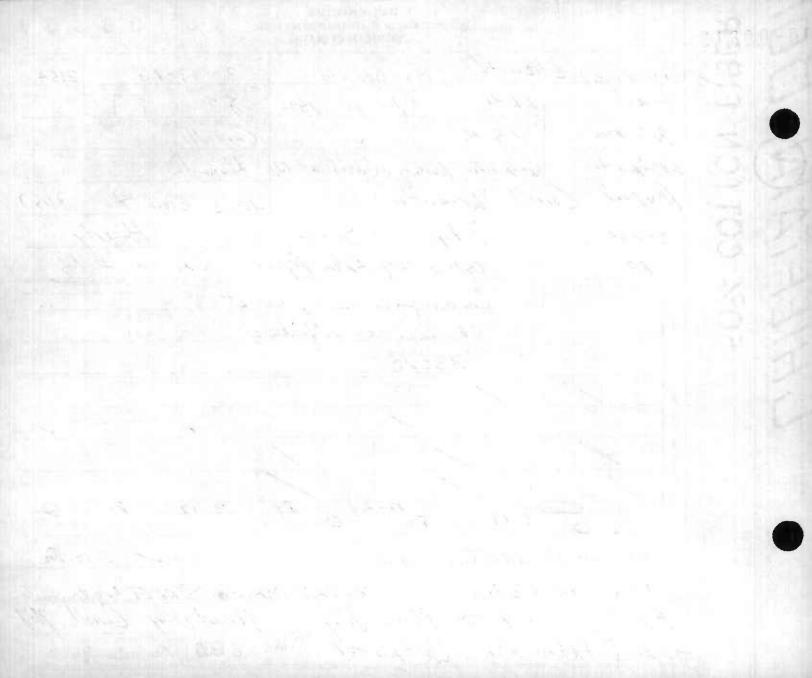
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		ANNER: THIS CERTIFICATE SHOULD E FICATE, WRITING THE WORD, "PEN EF FORWARDED TO THE CHIEF ME OTOR: PAGE 3 SHOULD BE USED AT 1 THE STATE DEPARTMENT OF HEAI LAND, 21201 PROR TO BURGL, CI			y that I took charge	a of the reme	ine days	albania ba			opsy XX.								
		L EXAMINER: T E CERTIFICATE, DUID BE FORW L DIRECTOR: P H, WITH THE ST MARYLAND, 2				-	7 1					, Inspe	7	Inquiry	L	ond in my o	pinion		
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		TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FI TO FUNRAL DIRECTO AFTER DEATH, WITH THE BALTMORE, MARYLAN 4	23a.B	URIAL, CREMAT	ION, REMOVAL 7						OR CREM			OCATION Y OR TOWN					
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	9		STATE OF MARYLAND	0 0
		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6	30/
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	- 2
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# 4 0 % E	Uir	George	ge William Lough JR DEATH MATED 3	867 T.
CTO THE PIECE	3. SEX	4 RACE	DATE OF BIRTH 6. AGE (IN YEARS UNDER 1 YR III UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2000UR
ESSARY, PLEASE RAI DIRECTOR. R YOUR FILES, HIN 72 HOURS ESTON STREET,	M	ale lishita	Dec. 22, 1960 25 yrs.	8 863
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SHRE		REIGN COUNTRYMA.	MARRIED NEVER MARRIED	unty MD.
一里用	10. CI	Y OR TOWN OF DEATH		12b. KIND OF BUSINESS OR INDUSTRY
4	S	<i>Kesville</i>	Ridge Krad CARpenter	
2 20 100	USU. 130. S	L RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, GIVE REJIDENCE BEFORE ADMISSION)	107811
E 33 POMO		Md. 136. SPUNT		Kary
9 1-3/25//	14. FA	THER'S NAME	MIDDLE USE 15. MOTHER'S MAIDEN NAME MODILE PARTY	LAST
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- FALAN BE	MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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CTER		death resulted from North	Account A Swede . Hamicide . Indetermined manner .	
WIT WITH ARVIED	1	ACTUAL /	TITLE SPECIFY)	011.01
HE HALL	-	SIGNATURE Cha	M.D. HERY MEDICAL EXAMINER SIGNE	8 Mar 86
EDIC TE T		EXAMINER'S NAME	chapal Tapes 11/6stringto Md	
TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO THE PROFESS 3 SHOULD BE FORWARDED TO AFTER DIRECTOR. PAGE 3 SH AFTER DEATH, WITH THE STATE DEP	22- 01	(TYPE OR PRINT)	ADDRESS	
	230.B	JRIAL, CREMATION, REMOVAL 2	3-8-86 COMPALL COMPATION AND TO THE LOCATION (COUNTY)	Y AND
BP	24. FI	INERAL DIRECTOR		GNASHIRS
DHMH · 17 (VR A15 ME (5))	-	AME GIL Y/A:	and Address Ad	- Handell
15M 7/77	/	HARRY LU. HISTA	and same will.	

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071028	STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.
of one of the death.	DECEASED NAME (TYPE OR PRINT) CATHERING LUTOSTANSKI 3. SEX 1. RACE S. DATE OF BIRTH MONTH MON
AMEYLAND 21201 That within 24 hours often Congress Albert Des the Congress Alb	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. WIND IN SUCH FACILITY, Give street address) 12. WIND OF BUSINESS OR INDUSTRY) 13. USUAL OCCUPATION 13. USUAL OCCUPATI
OS. 201 W. PRESTON ST., BALTIMOR spires, that the death certificate be executed by the untending physician and her please remove carbon-popers. Page to thorsel, exemption, or entered to the play, or other troumtatic event, the medicinary, or other troumtatic event, the medicinary, or other troumtatic event, the medicinary, or other troumtatic event, the medicinary and the property of the propert	(YES NO ODUNKNOWN) (IF YES GIVE WAR OR DATES) 871 52 4620 Milton C. Lutostanski Sykesville, Md 18 CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c) PART I: DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac Arest DUE TO, OR AS A CONSEQUENCE OF Cardiovasculus Di Bease Out of the immediate cause lat, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
WISSON OF VITAL RECORD AND PROPERTY OF THE STATE OF THE S	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO CONTRIBUTING CAUSE OF DEATH? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 216 INJURY 217 INDICATION STREET 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 219 STATE 210 AUTOPSY? 210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY OF THE MISS PART LOR PART 2) 210 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY OF THE MISS PART LOR PART 2) 210 AUTOPSY? 211 LOCATION STREET CITY OF TOWN COUNTY STATE
TO HOSPITAL OR ATTENDRA entoured by the hospital and TO FUNERAL DIRECTOR At should be detectived to vie o with the State Dept. of Health IMPORTANT, if then 21 is not	22a. I certify that (I) (this haspital) attended the deceased Iram
DHMH - 16 60M 7/84 (VRA 15, 4)	Haight Lylasville, Md. MAR 10 1986 Hame Davidson Honder

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FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG	IENE	8 E	NO.	0	8	3	1 0
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CITY OR TOWN OF			OSPITAL, NURSING FACILITY, GIVE STREET A		R OTHER INS	ITUTION	126 USUA		TION OF WORKING	12	KINDO	F BUSINI	ESS OR
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JSUAL RESIDENCE 1# N 36 STATE Maryland	1136 COUN		GIVE RESIDENCE BEFORE 13. CITY OR TOWN WESTMIN		13d. INSIDE C	ITY LIMITS?	2423	Neu	decke	er I	Rd.		-
FATHER'S NAME		MIDDLE	1167		15 MOTHER'S	MAIDEN NA	WE					100	
John		H.	Martin			Wary A	nn	WIDDLE		S	haf	fer	
(YES NO OR UNKNOWN)		MED FORCES?	216-10-	8482	Herbe	ert Ma	rtin	243 Wes	s Net tmins	des	ker Ma	.Rd	1157
18 CAUSE OF DE PART I. DEATH	WAS CAUSE		CRESCO		CULAR	A	CCID	EN	7		BETWEEN C	MATE INTE	DEATH S
			AS A CONSEQUE								VE	NP	C

Canditions, if any, which gave rise to immediate cause (0), stating the underlying cause lost

DUE TO, OR AS A CONSEQUENCE OF

190 DATE OF OPERATION	. 196 CONDITION FOR WHICH OPERATIO	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
Pla. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	71¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES T	NO [
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STAT

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

BLYD

23d LOCATION
CITYORIOWN
Westminster Carrol
Des REGISTRANS SIGNATU 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE

3-20-86

Krider's Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

& Son Thomas D. Fletcher East Main S

THE EAST COME TO SECURE A PROPERTY OF THE PROP

tettade par mitte

THE STREET COMES HERE THE STREET STREET

Owings Mills, Md. 21117

(VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 60M 7/84

Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Reisterstown.

REG. NO

MONTH

26 HOUR

126 KIND OF BUSINESS OR

Farming

21136

IF LINDS P 24 HPS

86

IF LINDER LYEAR

INDUSTRY

Shipley

COUNTY

Balto..

HOURS

20. DATE OF DEATH

- wurden handel

22r DATE SIGNED

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STATE

160130 0031.35 -- 284 wederstates county County Cont. North Parist County Re. Balto. Serramencost remember 11st orang 1st Africa 1st of the Danger of the Control of and the standard and the Vincent W. Edence, often Ingiel ... Ser. de 1911 been loossory indeed boom Balton, 250. A. F. S. o. Land The Continue Hills, pd. 1117 ...

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U U -	01067		REGISTRAR		WED	DICAL EX	AMINE	R'S CERTIFI	CATE OF	DEATH	REG.	NO.			- 7
			CEASED NAME E OR PRINT)	FIRST	TITLE	MIDDLE		LAST		20 DATE	KNOWN	☐ MON	ITH DAY	Y YEAR	25 HOUR
	1. 8. S. S. E.			John		FRAN	ICIS	Mick	18	OF DEATH	ESTI- MATED	XX 3	3-6	1986	
	TREE CHEA	3. SE		5 D	ATE OF BIRTH	6. A	GE (IN YEARS	IF UNDER 1 YR.	IF UNDER 24	HRS. 2c. DATE		MONT			2d HOUR
	N S I S	ha	NIF CAN	1.10.00	Aug 31		AST BIRTHDAY)	MONTHS DAYS	HOURS M	IN. PRONOU DEAL	NCED		0_0	1986	8:30
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Y' O	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS W. PRESTON STREET,		REIGN COUNTRY)	A GUNAU	11	CA		MARRIED NI			HORE CIT	OK COL	JNITOF	DEATH	
	NEW STATE	X	TY OR TOWN OF DEATH	HLYLING) ((1-	3.71		/IDOWED L	DIVORCED		roll				MD.
	PAGE 5	10.0	TOR TOWN OF DEATH		IF NOT IN SUCH FAC			R OTHER INSTITU	UTION 112	O USUAL OCCU	RKING LIFE)	TYPE OF WO	(CIND OF BUSTR	Y
	#6 - # S		Vestminster	W	inters	& Monro	oe Sts	in fie	eld S	ALOMI	4/V		PH	ARMA	04
3	O WITHIN 24 HOURS AFTER DEATH FOR DEATH FOR THE TO MINER ALONG WITH FORM PM 3. RETAIN P. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE INTAL HYGIENE, DIVISION OF VITAL RECORDS OR REMOVAL.	USU/	L RESIDENCE (IF IN NURSI	ING HOME OR OTHE	R INSTITUTION, GIV	13c. CITY OR		TT34 INSIDE	CITY LIMITS? 13	e. STREET ADDR	FSS				
20212	1. 西京語	MI	RYLAND (ARROL	1	WEST	MINSTE	R YES		20 PEN		UAN	A AL	15 21	157
9	2 Si 3.	14. F	THER'S NAME						ER'S MAIDEN	NAME					
m,	ESTH.	1.1	OHN F	RANC	IS M	LAST	C.P	142	ZEN	Donas	3ESK	- 1		LAST	
NO.	F PAGE F PAGE FORM ON OF		VAS DECEASED EVER IN	U.S. ARMED F	ORCES?	16b SOCIAL	SECURITY N			DENTI	ADDRE	SS A	4.11	PANAT	19
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8	"PENDIN" F MEDIC ED AS A I HEALTH, AL, CREM	CERTIFICATION													
	LEAN THE	1 K	19a DATE OF OPERATION	ON	196 CONDITI	ON FOR WHI	CH OPERATI	ON WAS PERFOR	RMED?				20	AUTOPSY?	
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Z	A HE CONTRACTOR		UNDERLYING OR CONTRIBUTING CA	LISE OF DEATH		MONTH DA	Y YEAR						-		
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DIVISION OF VITAL	S CERTING REDED T SE 3 SH TE DEPA	A M	WHILE NOT W		STREET, FACTO	DRY, FARM, ETC.)		STREET		CITY OR TO			COUNTY		STATE
	RE THIS CERTIFICATE SHOULD THE WRITING THE WORD." PE DRWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEA ESTATE DEPARTMENT OF HEA DS 21201 PRIOR TO BURIAL,		AT WORK AT WOR	RK	I II	eld		Winters	s & Moni	roe Sts.				Carro	<u>11</u>
	NE SE SE		220. I certify that To	ok charge of th	ne remoins dest	ribed above, h	eld on	Autopsy .	Inspection	Inquiry	☐. °	ond in my	MQ.		
	3 E # D E 5		death resulted ron	Natural cau	ises .	Acedent XX	, Spicid	, Hom	ا العلاد	Indetermined mi	onner],			
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	A SHEET C	-	EXAMINER'S NAME (TYPE OR PRINT)	Dennis	F. Smy	th, M.	D.	ADDRESS_	111 Per	nn St.,	Balto	D., N	1d.	21201	
	TO MEDICAL EXALENCE THE CERT PAGE 4 SHOULD IT OF FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARN	23a. B	RIAL, CREMATION, REM	AOVAL 23b. DA	TE	23c. NAMI	E OF CEMET	ERY OR CREMAT		3d LOCATION					
07/84	BP	F	WRIAL	MA	RCH 14.	1986 CA	AFISI	I FOREST V	STREW	2 MINIA	165 K	MUIS	YINDO	ALTIMUSTA	1
25M		24 FU	NERAL PIRECTOR	- 1	1	11/11/11	10 5		250. DATE REC	D. BY REGISTRA	R 256 RE	GISTRAR'			-6 111
	DHMH - 17 (VR A15 ME (5))	1	Wyth A	Mulke	2 ADDRESS	wills	3 31.	refor	Kil						
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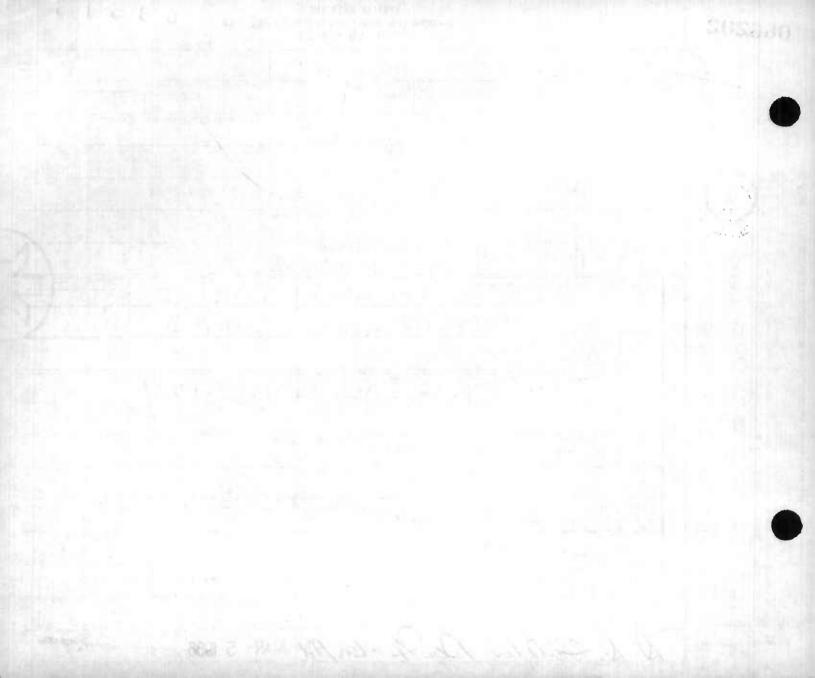
	/0		FOR STATE		C	ST EPARTMENT C		AARYLAND I AND MENTA	L HYGIEN	NE 6	0 8	3 1	3
00-	-01049		REGISTRAR		MED	ICAL EXAM	INER'S			ATH REG. NO	0.		
			CEASED NAME (OR PRINT)	Maria	Per	·ez	Mor	ales	125	OF ESTI- DEATH MATED	and a	B SEAR	2b. HOUR
1	NECESSARY, PLEASE F FUNERAL DIRECTOR. E 5 FOR YOUR FILES F W. MRESTON STREET,	3. SEX		hite	5. DATE OF BIRTH DAY Apr. 10,	YEAR LAST BIR	HDAY) MONT	00		71. DATE PRONOUNCED DEAD		B 86	24 300R
0	NECESSARY. FUNERAL DIF 5 FOR YOU WITHIN 72 W. PRESTON	FO	RTHPLACE ISTATE REIGN COUNTRY) Pain		U.S.A		8. MARR WIDOW	ED NEVER MA	ARRIED ORCED	Carroll C	COUNTY	OF DEATH	MD.
0	RETAIN PAGE 5 HOULD BE-EILED.	We	estmins	ter	1654 B	TITAL, NURSING HO ILITY, GIVE STREET ADDRES LOOM Rd.	55)	ER INSTITUTION	FOR	OUAL OCCUPATION (TYPE MOST OF WORKING LIFE) OUSEWITE	E OF WORK	OR INDUST	ISINESS RY
Va.		13g S	RESIDENCE (## TATE ATYLAND	136 COUN' Carr	PROTHER INSTITUTION, GIV TY Oll	RESIDENCE BEFORE ADA 134 CITY OR TOWN	4	13d. INSIDE CITY LIMIT YES NO	130. ST	REET ADDRESS 1654 Bloom	n Rd.	2115	57
MD. 2	F-82	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		E MIDDLE		LAST	
	A A A B B B B B B B B B B B B B B B B B	140.34	Anselm AS DECEASED E		J.	Morale		Juan 17. INFORMANT	a	ADD R ESS		erez	
BALTIMORE	VE PONTE	IVI	NO OR UNKNOWN		WAR OR DATES)	099-12-			P. Ko		ne As	#13	
301 W. PRESTON ST., B	UJED WITHIN 24 HO N PENCIL IN ITEM 14 EXAMINER ALONG STAL-TRANSIT PERMIT 9 MENTAL HYGIENE, OR REMOVAL.		Canditions,	IMMEDIAT if any, which to immediate ting the under-	DUE TO, OR	AS A CONSEQUENCE		i Card	koVas	Saclar Ve	LOCA	APPROXIMATI	E INTERVAL T AND DEATH
OF VITAL RECORDS, 3	BE EN ADING AEDIC AS A AS A NITH A MATIC	NOIL			CONTRIBUTING TO DEATH B				IN PART 1 (a).				
TAL RI	ちる宝みやう	CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDIT	ON FOR WHICH O	PERATION W	'AS PERFORMED?				20. AUTOPSY	NO [
ON OF V	HE HE TANE		21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR		MONTH DAY Y	EAR 21c. H	OW INJURY OCCU	IRRED (ENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART	2)	
DIVISION	E. THIS CERTIF IE, WRITING T REWARDED TC PAGE 3 SHC STATE DEPAR 21201 PRIOR1	MEDICAL	WHILE AT WORK A] FLACE O	FINJURY (AT HOME MY, FARM, ETC.)		CATION		CITY OR TOWN	COUN	īΤΥ	STATE
•	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STILL BALTIMORE, MARYLAND, 212	73a. B(ACTUAL SEGNATURE EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIO	ME Rich		Vones, M	Suicide M D CEMETERY C	D. Car	Med oll	DICAL EXAMINER Westm Co.Genera	al Ho	8 M er, Mo spital	TATE
	BP	24. FI	Buri		3-12-1986	Crow	nsvil	le Vete		Anne			/ld.
	(VR A15 ME (5)) 15M 7/77	C	narles	W.Burn	rier, Jr.	,Sykesv	ille,		3 198	6 gratia Tavida	on-Ran	dalla	

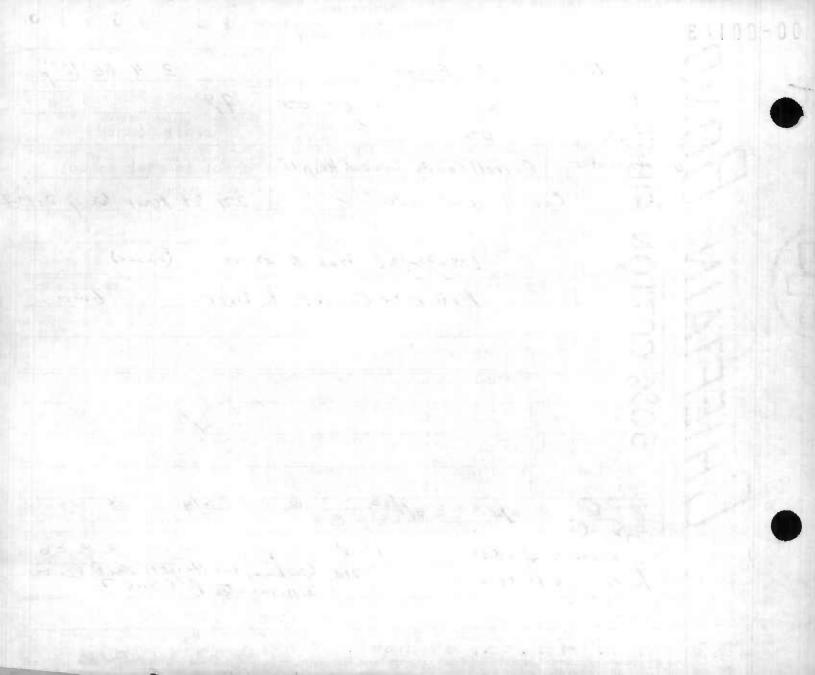
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

		REGISTRAR				CENTIL	ICAIL OI	LAIN		REG. N	Ю.				
1	I. DEC	CEASED NAME	FIRST	-	MIDDLE	3.6	AST		20 DATE	OF DEATH	MONTH	DAY YEAR	17	h HOUR	10
	(TITPE	OR PRINT)	argare	A 2 2 G	rimes	phr	972 RA	74			3	3 8	6	10.	13
	3. SEX		14	RACE		5. DATE C	OF BIRTH	1	6 AGE	IN YEARS LAST BI	RTHDAY)	# ONDER 1.79	-	FUNDER!	July 1
П	- Instru					MONTH		YEAR				MONTHS DI	17.	HOURS.	MAL
	2 0.0	Female		Whi		10	26	16		69	YRS.				1000
ď,		RTHPLACE (STATE OR I	FOREIGN /	CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER	MARRIED -		MORE CITY	<u> SR</u> COUNTY	OF DEATH			
2	1	Marvland		U.S	. A .	WIDOWE	DX D	VORCED [Ca	arroll				60	MD.
	10. CI	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSI		OR OTHER INS	TITUTION		AL OCCUPAT				BUSINES	SS OR
0	Tala	estminster			1 County	_	al HOs	nital	1	uticia			9	ıs i	ness
	USUA	L RESIDENCE HE NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)							-		
H	13a S		136 COUNT		13t CITY OR TOV		13d INSIDE			ET ADDRESS			Da	1 /2	1776
		ryland	Carro)11	New Win	dsor	YES	NO X		6 01d l	vew wi	nasor	KC	1./4	1//0
7	14 FA	THER'S NAME	M	DDLE	LAST		13 WOLHER	S MAIDEN NA	WE	MIDDLE			LAST		
w		JOHN	Amo	n	Grime	S	R	ita		Mae		H	yde	4	
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	INT	1.	316 O1	ESS Nov	Windo	orl	24	7 De
	1,1	No	, , , ,	ne	219-12-	0039	Paul W	. Koont	tz.		Winds		D T	lu.	
		18 CAUSE OF DEAT					r daz			IVEW	WILLIS			ATE INTERV	/AL
П		PART I. DEATH W	AS CAUSED	BY:	R 95	- () 1 /	ATO	RY	FA	-11-17	RE	BETWI	INON	SET AND L	DE ATH_
	- 1	200	IMMEDIATE	CAUSE (o)	1-6-	1	0)10	1	1 1	IN	1		#1	7	-
ч				DUE TO, O	RAS A CONSEQU	JENCE OF	700		1	7.0	D		11) (
		Conditions, if any, gove rise to imp		(b)_	EN	0 -	1010		C . (7.1.			71	\leq	
Э		couse (o), stotin	ig the	DUE TO, O	R AS A CONSEQU	JENCE OF)		
		underlying couse	lost	((c)_									<u> </u>		
Н		PART 2 OTHER SIGH	VEICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	AINAL DISE	ASE OR CON	IDITION GIV	YEN IN PAR	Tlio		
Н	o o	The state of	les	1	DLE	17/2	AL	0	00	1151	DN				
3	CERTIFICATION	90 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s A	UTOPSY?		S, WERE FIN			
g.	H								VEC E	, NO.		YING CAU	SES O		1?
H	ERT	21a ACCIDENT WAS UNE	DERLYING []	216. TIME O	E IN HIDV		Tale HOW IN	JURY OCCUR	YES [S		ио [
à		OR CONTRIBUTING		LIGHT A	M. MONTH D	AY YEAR	Tric. HOW II	JUNI OCCUR	KED (ENTE	R NATURE OF INJU	IRY IN ITEM IS P	PARTIONPART	2)		
ħ	5	(IF EITHER NOTIFY MEDI		P.		19					711				
	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	FARM FTC 1	211 LOCATH			CITY OR TO	OWN	COUNTY		SŤ	ATE
	-	AT WO	RK R				100	CA		2 0		0	,		
51		22a certify that (1)	(this hospito) attended th	e deceased from.	20	00	1900	to	3. 5) -	19	2. th	of (l) (w	e) lost
91		sow the deceose	ed olive on_	3-1	19_	80 or	d that in (my)	(our) opinion	deoth occu	rred on the d	ote and hou	and Irom	the co	uses sto	red
30	100	obove, (I) (we) (c	dia (dia not)	view the body	offer deoth		DEGREE					122c D.4	ATE SI	GNED	
H		CNSC	an	TRO	he.	an	1	ATTENDING Z	MEDIC.				7	5	6
-		224 PHYSICIAN'S NI	AAAE	00				PHYSICIAN E	DIRECT	OR PHYSIC	CIAN	13.		>0	
	100	27d PHYSICIAN'S N	(TYPE OR	-00	20		22e ADDRES	1.12	CHAR	MAY	V 1	73	A	ma alama	21/2
		N. F	617	16	(1)		dell	MI).	21,10	0701	1	17.	1 St	-811	0 1112
		URIAL, CREMATION,	REMOVAL	236. DATE	23c	NAME OF C	EMETERY OR	CREMATORY		CATION CITY OF TOWN					
	1	Burial		3/5/8	6 G	reenmo	ount Ce	meterv		Hamps	tead (Carrol	1		MD.
													-		

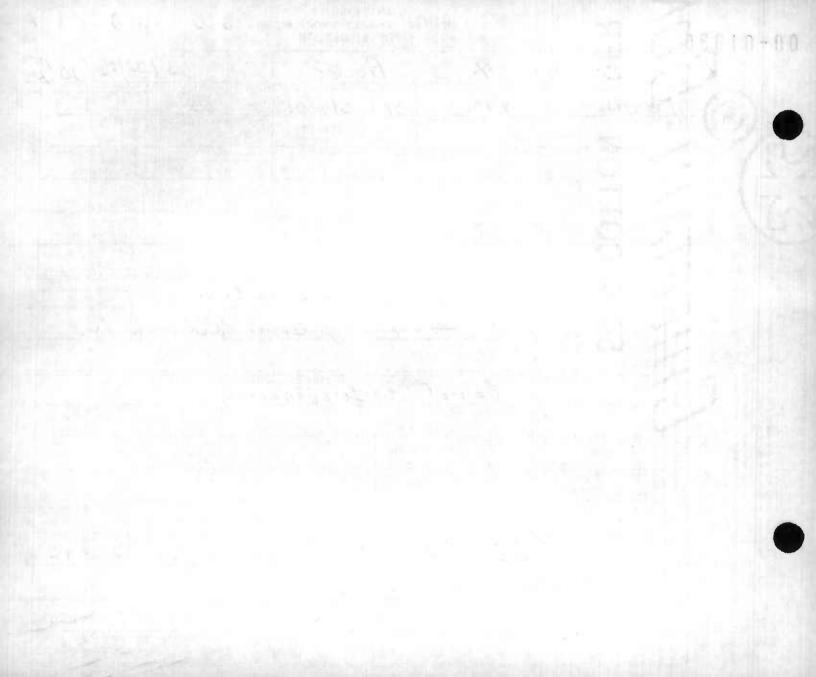
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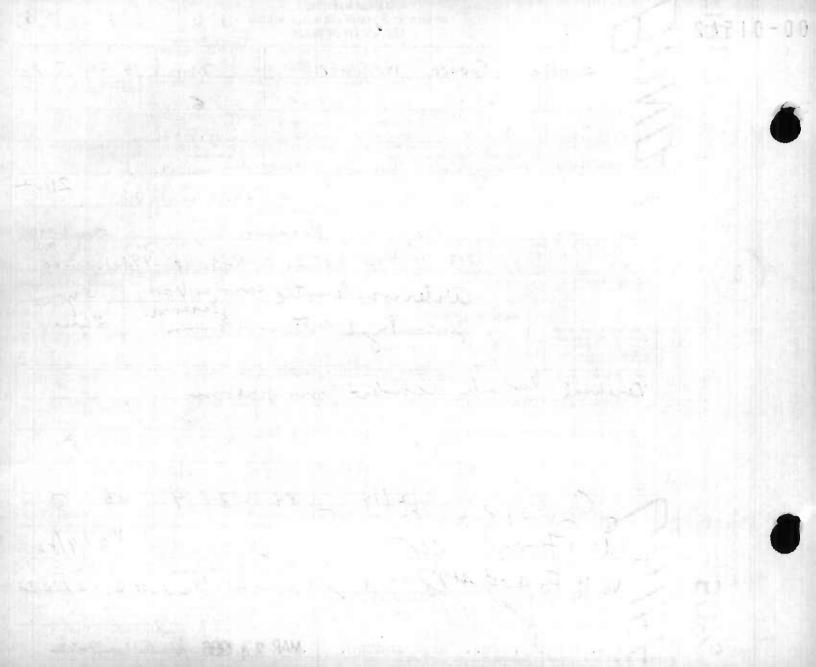


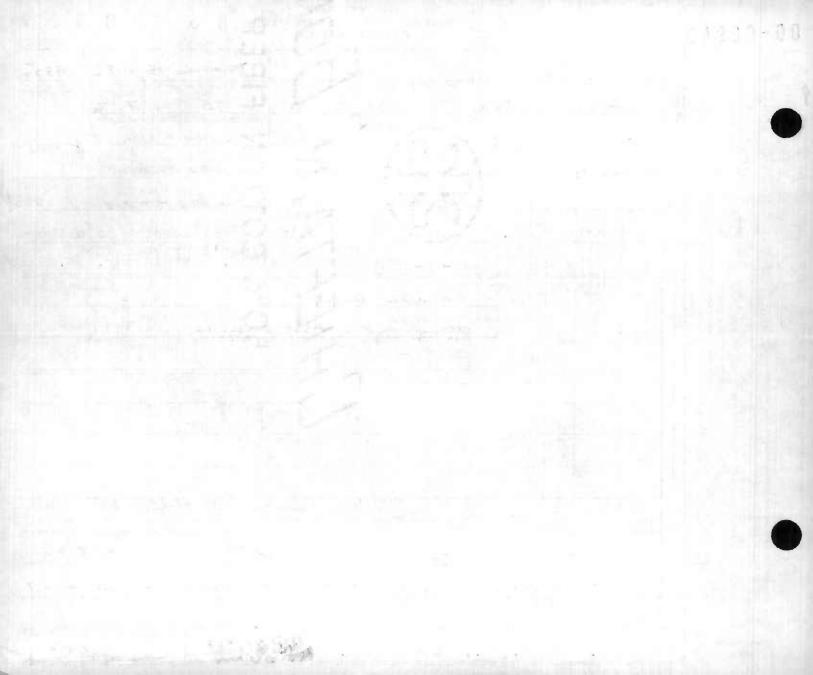
Opossumtown Pike, Frederick, MD

(VRA 15, 4)



	1			STATE OF MARYLAND		
0-01542	1.	FOR - STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		18318
	I DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
o e o o		E OR PRINT)		0 1	ZE DATE OF DEATH MONTH	20 1100K
oy be deoth deoth		SAdi		Kedmer	m Anch	19 1986 2 P
E 0.0	3 SE	X	4 RACE	S. DATE OF BIRTH MONTH , DAY , YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
7 8 5 5		F.	CAUC	11/12/99	8 K YRS.	AND THOUSE MILE
Po Pour	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	BALTIMORE CITY OF COUNTY	Y OF DEATH
oth.	10	Arroll County	11 5 1	MARRIED NEVER MARRIED WIDOWED DIVORCED	1	
the de	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS O
4 4 4 G	1 0	00 1 1 1	(IF NOT IN SUCH FACILITY, GIVE STR		(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
Fig.		Anchester	Longlieu	Nusing Home	el Housewife	
a hour	13a	STATE 13b COU	NTY STITUTION GIVE RESIDENCE BE	OWN 1 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	2110:
fill fill		MD CA	roll Mana	hester YES NO E	14932 WENTS R	2d. "
thin 2 st	14 E	ATHER'S NAME FIRST	MIDDLE IAST	15. MOTHER'S MAIDEN N		FER WHEN
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3 - 3 E 3		WAS DECEASED EVER IN U.S. AF			ADDRECC	ranheaten, md.
6 9 pe			IVE WAR OR DATES) 213- 7	4-410%	E Redmoor - 45	
€ B2 12		NO	0.10.	Henry	F. Nedmer) - 1	- A CANANTAL BALL
707		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	and (c).)	Cu- 1: 11-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a)	eriorderoug	survey vas	Sym
nding corbi		Physics and the	DUE TO, OR AS A CONSEC	DUENCE OF	pereare	_
9 9 5 5		Conditions, if ony, which	(b) Tene	rate of arter	neterm	5 yrs
he d he o moti		gove rise to immediate couse (a), stating the	3			
by t ser		underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF O		
ed leo		DARLS OTHER CICARGO AND	doublines contribution	0.05.171.01.01.01.01.01.01.01.01		
sign hen la bu	Z	PART 2 OTHER SIGNIFICANT	ANDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tro
y in y	1 5	Cerewal	avay a	Cudent super	merrays	
os bee nos bee nos bee nos bee nos been nos permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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BP				Pleasant Valley	Westminster	Carroll MD
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR 4	12 Washingto	n Rd. 250 DA	ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Ro	bert K. Prit		tminster, MD.MAR	21 1986 Alia Tay	idean Rondelle





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NND 212	24 hour	100	35	Jo S	TATE TYLAND	13b COUN	OTHER INSTITUTION		BEFORE ADMISSION	13d INSIDE		13e STREET ADDRES	S / ZIP COD	DE .	21771
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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

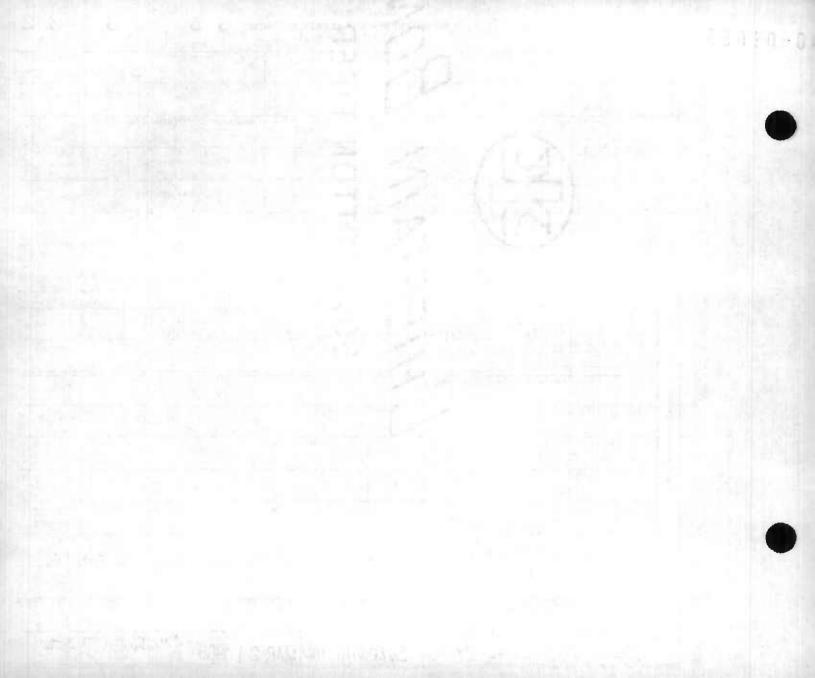
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	CEASED NAME FIRST	WIDDLE	LAS	1		20 DATE OF DEATH MONT		YEAR	26 HO	UR
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3. SE	X	4 RACE	5. DATE OF	BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UP	NOER I YEAR	IF UNDER	R 24 HRS
	Female	White	9 -	21 -	0.2	83	YRS MONI	NS DATS	HOURS	MIN.
₹a. BI	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER A	ADDIED []	9 BALTIMORE CITY OR CO		DEATH		
	Maryland -	U.S.A.	WIDOWED		ORCED T	Carroll	Coun	+ 17		ME
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR		ITUTION	120 USUAL OCCUPATION	1	26. KIND O	F BUSIN	
1	Westminster	(IF NOT IN SUCH FACILITY, GIVE STREI Carroll Coun		Нос	nital	Homemaker	KING LIFE)	NDUSTRY	est	io
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	ATHER'S NAME	OII Westmi			MAIDEN NA		view	Roa	a	
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16n V	George WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SEC		Ma INFORMA	rtha	ADDRESS	A	rrin	qto	n
	YES, NO OR UNKNOWN) []F YES, GIT	E WAR OR DATES)	ומ			a Gilbani r		, ,		
-	NO		67351	Mrs.	Marth	a Gilbert W	estm			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY.						BETWEEN	ONSET AND	DOEATH
	IMMED!A	TE CAUSE (0)	DIAC	ARG	EST			1mr	nED	
100	THE STREET SHOW	DUE TO, OR AS A CONSEO			1/-			11-		
164	Conditions, if any, which gave rise to immediate	(16) HETERIC	05CL61	POTIC	HEAM	RT DISEASE		YEA	451	
-	cause (a), stating the	DUE TO, OR AS A CONSEO	JENCE OF				4			
	underlying cause last.	(- (c)	No							
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN I	N PART 1	0	
CERTIFICATION										
ICA PICA	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFO	RMED			ERE FINDING CAUSES		
E E			Perilin .			YES NO NO	YES []	NO [
	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	THOUSE A ALL MANUELL I	DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1	OR PART 21		
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E	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR TOWN		COUNTY		STATE
~	AT WORK NOT WHILE			1435						
	220 I certify that (1) (this hospi	tal) attended the deceased from			19.65		19_	86	that (I) ((we) last
	saw the deceased alive on above. (1) (we) (did) (did no	11 view the body ofter death,	86_, and	that in (my)	(our) apinion c	death occurred on the date or	d hour and	d from the	causes st	ated
	22b. SIGNATURE	~ /	P	GREE				22c DATE	SIGNED	
	Veneral	THUOR	es 94	NA A	TIENDING HYSICIAN F	MEDICAL STAFF		3/2	1/2	1
1	22d. PHYSICIAN'S NAME ITYPE	OR PARTY.	-	22e ADDRES	5			19	1 0	3
	No let a minute s									
	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEA	METERY OR C	REMATORY	23d LOCATION				
	(SPECIFY)		ew Oak			CITY OR TOWN		UNIY		STATE
24 FL	BURTAL UNERAL DIRECTOR	1 3-23-00 IN	ew Vak	Land	250. DATE					MD
	LANGHT FU	UERAL Home	Sukas	ville. n	DIAR	21 1986	B.V. Miller	infort is	Hydra St	-
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Item 21 is



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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTION

Memorial

Sykesville Carroll

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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-00318	1-	FOR STATE REGISTRAR				NT OF HEALTH AND MEN CERTIFICATE OF DEA		REG.	NO.	0) &a '
ne G		CEASED NAME OR PRINT)	Be tt	v A		Smith	2 R	DATE OF DEATH	3 12	DAY YEAR 2 1986	26. HOUR 7.40F
de d	3 SE>			RACE		DATE OF BIRTH		GE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR - STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH YEAR & 26 HOUR TYPE OR PRINTS Spinelli James 3. SEX 4 RACE White Male September 22, 190 85 A BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Carroll County WIDOWED DIVORCED 126 KIND OF BUSINESS OR industry lumber Carroll County General Hospital Westminster Pluming & Heating Howard Columbia 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland 5954 Camelback Lane 21045 YES NO X EATHER'S NAME 15 MOTHER'S MAIDEN NAME Spinelli Benanti Carmine Frances 166 SOCIAL SECURITY NO. 17 INFORMANT 5954 Camelback Lane 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 158-26-5284 A Barbara A. Hardester Columbia, MD.21045 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY WEEL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUF TO, OR AS A CONSPOUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION IN CERTIFYING CAUSES OF DEATH? YES [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC ! CITY OF TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (b) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED

224. PHYSICIAN'S NAME ITYPE OR

22e ADDRESS

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR TO PHYSICIAN T

Vincent J. Fiocco M.D.

Westminster, MD. Carroll County General Hospital

230 BURIAL, CREMATION, REMOVAL 236. DATE 3/10/86 Burial

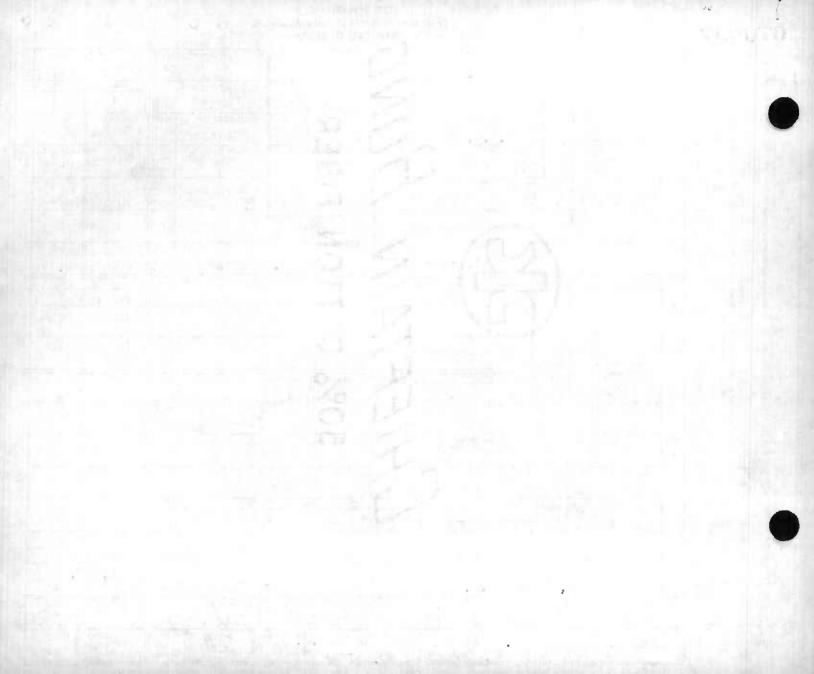
23c NAME OF CEMETERY OR CREMATORY Holy Name Cemetery

CITY OR TOWN Jerseu

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DHMH - 16 60M 7/84 (VRA 15, 4)

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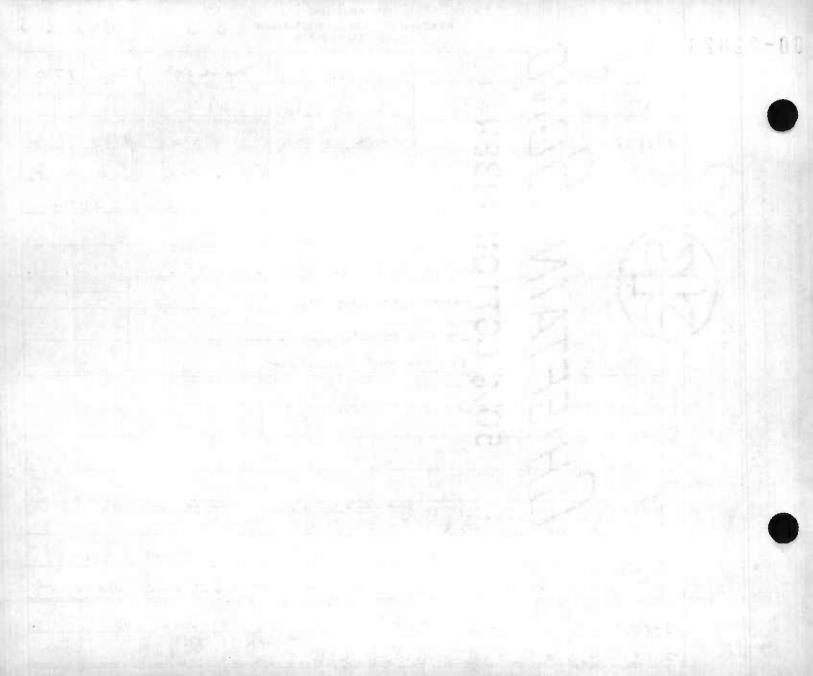
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至 4 是	CERTIFICATION				237								
11.50	3	190 DATE OF OPERATIO	NC	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFO	DRMED	20a AUTOPSY?				GS USED OF DEATH?
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T 00	T W	21a. ACCIDENT WAS UNDER	-	216. TIME C		H DAY YEAR		JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM I	IS PART I O	R PART 2)	
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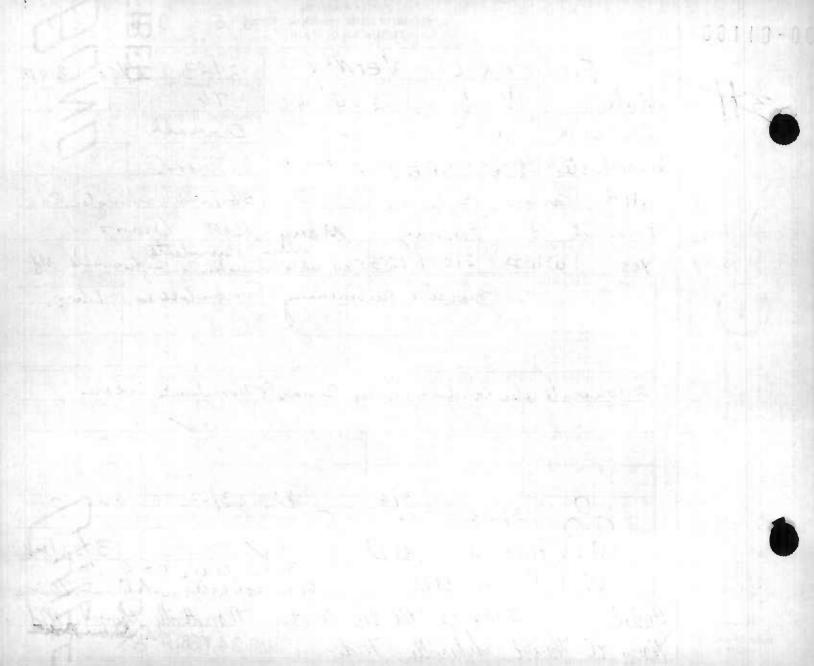
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2826	1-	FOR STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO.	0 3 3	ماله (
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deoth deoth	(TYPE	ORPRINT) MARY	F.	TE	PIMP	march 29	1986 1	750 M
j L	3. SE.		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOL	INDER 24 HRS
20 02		-	WHITE	06	14 19 16	69	YRS.	MIN.
19/	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
35	A	1aPy Land	USA	WIDOWI		CARROLL	COUNTY	MD
3 ×	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPATION	LIND OF BUILD OF BUILD INDUSTRY	SINESS OR
TAC	We	stminster	Carroll County	General	Hospital	ODERator	Servic	e Sta
3-1	130.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE 130, CITY C	R TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	- 1
37	3	MD (3	wroll Ham	pstedd	YES NO	1114 S. Carroll	Ave. 210	14
XIA	14, FA	ATHER'S NAME	WIDDIE	AST	15 MOTHER'S MAIDEN NA	WE	tASI	
<u> </u>		Arthur	Hepbi		Mary	ADDRESS	White	
dico		VAS DECEASED EVER IN U.S	GIVE WAR OR DATES)	L SECURITY NO.	17. INFORMANT		20853	
E /	_X			22-1709	Col. John	W. Hepburn,	Rockville	
nt, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (0), ISED BY.	(b), and (c)			APPROXIMATE BETWEEN ONSET	AND DEATH
rem	1	IMMED	IATE CAUSE (0) and	re ence	helopathy			
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ne n		couse (o), stating the underlying couse lost.	DUE TO, OR AS A COM	SEQUENCE OF	e infaction			
or o			IT CONDITIONS CONTRIBUTION			That DISSASS OF CONDITIO	NI CONTINUO DA DE S	
the bit	<u>2</u>	PART 2 OTHER SIGNIFICAN	IL CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITIO	N GIVEN IN PART 110	
011	CATIC	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS	
1 DX	I N		The state of the s			YES NOT	CERTIFYING CAUSES OF E	O []
2 5	CERTIFI	210 ACCIDENT WAS UNDERLYING	U 110110 1 11 11011	. DAY V5.0	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		A
17		OR CONTRIBUTING CAUSE OF	DEATH	TH DAY YEAR	Sec. 25.			
7	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY	STATE
rked	×	AT WORK NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)	JINEL!	CIII ON TO WIT		3
1 mg			spital) attended the deceased		ch 23 19.86	_ 10 march 7	29, 19, 86, that	(I) (we) lost
10 24		sow the deceased alive above, (1) (we) (did) (did	on March 29	19_84,0	nd that in (my) (our) opinion	death occurred on the date or	d hour and from the coust	es stated
10.00		226. SIGNATURE			DEGREE		22c. DATE SIGN	
# 11		John 5	. Harsbey	mD.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	1 3/29	186
TA SE	1	220 PHYSICIAN'S NAME (TYP			22e ADDRESS	1		
1 4 P		JOHN	S. HARSHEY	mo.	8 anchor	St. Westmer	ster, may 2	1157
3 3 3		BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Control of the Contro	3-31-86	Carrol		Hampstead	Carroll	Md.
60M 7/84		UNERAL DIRECTOR	AC	DORESS .	250 DA	APRO OF REGISTRAN 256 R	EGISTRAR'S SIGNATURE	The second second
1.6 4)	The same	Ina Tunada [1-2-2	11 2 00 00	CIK DOCT	- 1004	1	

STATE OF MARYLAND



		STATE OF MARYLAND	
0 01100	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 0 8 3	2 9
10-01100		REGISTRAR CERTIFICATE OF DEATH REG. NO	
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR	Zb. HOUR
1 24	TITLE	Frederick C Vernix 2/23 1986	1010 m
1.1	1 5EX	4 RACE S. DATE OF BIRTH 6 AGE (INTERNS LAST BIRTHDAY) IF UNDER TYEAR	
37	/	Male White 2-4-1910 76 YRS. MONTHS DAYS	HOURS MIN.
		SIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH	
> PE PE #	6 7	Lawrend Co Md WS & MARRIED NEVER MARRIED DIVORCED Carroll	MD.
		TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 126. KIND (OF BUSINESS OR
4 4 b	N	Mancheste Lik Not in spice facility, give singer address) Home ITYPEOF WORK OF MOST OF WORKING LIFE INDUSTRY	
SE S	USUA	JAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE REMOVE ADMISSION	784
2 4 1 1 1 N	13a S	STATE 136 COUNTY 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS ZIP CODE 15 COUNTY Sigherallo YES NO 56/1 Old W	001
3 1 100	14. FA	ATHER'S NAME IS. MOTHER'S MAIDEN NAME	
3 1 1040	-	Andrewid Boll Com	IST
A 5 5 5 7	16a W	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANY ADDRESS A	
NOW PART OF	(A	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-07-9583 5611 all Washington	le Md
4 04 4			XIMATE INTERVAL
ANI		PARTI. DEATH WAS CAUSED BY:	100
S (S Person			
8 1 1		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)	
4 - 2 2 2 2 2 2		gave rise to immediate	
N to the or		cause (a), stofting the underlying cause last (c)	
20 and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	la'
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0 11111	IFICATI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FIND	
# 71 211 CX	Ē	IN CERTIFYING CAUSES YES NO YES YES	NO [
To short m	CERT	21g. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
8 34 198 1	IA:	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
NO STATE OF THE PARTY OF THE PA	AEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
NIS OF THE PARTY O	2	WHILE NOT WHILE AT WORK AT WORK	
0 0 0 0 0		22e I certify that (1) this haspital) attended the deceased from 10 1986.	, that (we) lost
# E E E 2 2 12		saw the decessed glive an above (I) we) (did (did not) view the body ofter death.	e causes stated
20 品种			ESIGNED
· · · · · · · · · · · · · · · · · · ·		PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN DI	23186
HUNE AND A		22d PHYSICIAN'S NAME (Type ORPRINT)	2
O PO		1 VV 17 10 1 M Manchester Md 2	-1162
55 40151	23a. B	BURIAL, CREMATION, REMOVAL 23h. DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION	1 aniel
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(VRA 15, 4)	K	Hory W. Haight Sykistilly, Md. MAR 24 1986 7	



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		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNT	TY OF DEATH	
/		Md.	U.S.	A.	WIDOWE		COFO	live	/	MD.
	HE CE	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	170. USUAL OCCU	PATION OST OF WORKING	17b. KIN INDUST	
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5	lie S	DOI	NTY	Cambri	dge	134. INSIDE CITY LIMITS?	13. STREET ADDR	ESS ZIP CO	DE	21613
2	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDI	DIE	450	LAST
U	1	George		Wilso	n	Florence		,,,,	Or	em
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	JRITY NO.	17 INFORMANT	R	POREZS BO	x 86	В
4		No	TO WAR ON DATES	214-07-	7824	G Lake Wil:	son H	urlock	Md.	21643
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per	line far (a), (b), an	dic	0 1+1			BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
A		IMMEDIATE CAUSE 10) Metastatic Prostite Concer				1/	1 year			
	1	DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which gave rise to immediate								
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-	ATIO	190 DATE OF OPERATION	OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
	CERTIFICATION						N CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
1		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM TE	B PART I OR PART	2)
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P. P.	М.	19					
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W		NOT WHILE AT WORK							1150	
4		220.1 certify that (I) (this haspital) attended the deceased from								
	JW.	saw the deceased alive an								
		775. SIGNATURE DEGREE		MEDICAL STAFF			22c. DATE SIGNED			
		MO ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 1726 ADDRESS			1/0	24/86				
	177	1.1	OR PRINT)					10 1		1.4
4		Wm Lovell				P.O. Box	122 40	(ds bor	o MI)	21636
	230 B	iurial, cremation, removal specify) burial	2/25/			EMETERY OR CREMATORY Churchyard	Camprio		Dor.	Md STATE
91		INERAL DIRECTOR			4 .	MASIDAN		LAR 256 REGI		MAPURE
ď		Ilan	eas Ju	MECHO !	Home	er wash U	- MAN G	TURALURU!	term-Na	Mortage "

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERALDIRECTOR

ON A TARROST A THE STREET COME STREET STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRS 26. HOUR 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-W. rau 3. SEX 4. RACE S. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH PRONOUNCED au c 0 DEAD YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED DIVORCED Maryland Carroll I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll Co. B&D Westminster Gen eral Hosnital Repairman ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21074 1136 COUNTY 13c. CITY OR TOWN 13a STATE 134. INSIDE CITY LIMITS? 13e. STREET ADDRESS Carroll Hamnstead YES . NO 4 4439 Trenton Road 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST 7epp a Rue Stonesifer Jonas FORM 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** DIVISION WITH FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-34-12081 Mrs. 955-1961 San drag Zeblo Hampstead APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, IMMEDIATE CAUSE (a) DUE TO, AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). AS A CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO . 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21 LOCATION STREET FACTORY FARM STC STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inquiry 6 22s I certify that I took charge Inspection Autopsy and in my apinion PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE death resolted from Undetermined manner EXAMINER'S NAME TYPE OF PRINT ADDRES THE BURIAL CREMATION REMOVAL THE DATE 23r. NAME OF CEMETERY OR CREMATORY THE LOCATION COUNTY KLATE Westminster Carrol
D. BY REGISTRAR DISA REGISTRAR'S SIGNATURE datthews Luth Buria! Carroll BP. 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) rule brugger Hampstead. -line Funeral Home. 15M 7/77

STATE OF MARYLAND